

**CURRICULUM**

**TRANSITIONAL YEAR PROGRAM**

**UNIVERSITY OF TENNESSEE COLLEGE OF MEDICINE**

**CHATTANOOGA**

**Revised 2/26/207**

## **FORWARD TO TRANSITIONAL YEAR RESIDENTS**

The purpose of this curriculum is to provide information about our program and an overview of available rotations. The program curriculum is designed to meet the educational needs of the residents.

The transitional year is designed to fulfill the educational needs of medical school graduates who have (1) chosen a career specialty, which has a prerequisite one-year fundamental clinical education. (2) desire a need to acquire at least one year of fundamental skill education prior to entering a career path that does not require broad clinical skill such as administrative medicine and or clinical research. (3) are planning to serve an organization such as public health service or on active duty in military as general medical officers, (4) have not yet made a career choice of specialty selection and desire a broad based year to assist them in making that decision. The transitional year resident responsibilities include patient care, data gathering and organization, physical exam skills and decision-making.

## **OVERVIEW**

<b>INTRODUCTION .....</b>	
<b>ORGANIZATIONAL AND MANAGEMENT OF THE PROGRAM .....</b>	
<b>PHYSICAL IMPAIRMENT .....</b>	
<b>EVALUATIONS .....</b>	
<b>ETHICS .....</b>	
<b>MEDICOLEGAL ISSUES .....</b>	
<b>PREVENTIVE MEDICINE .....</b>	
<b>CONFERENCE .....</b>	
<b>CONFLICT RESOLUTION .....</b>	
<b>RESEARCH .....</b>	
<b>SUMMARY .....</b>	
<b>MEDICAL RECORDS .....</b>	
<b>ROTATIONS .....</b>	

## **Introduction**

The transitional year residency program was started in 1915. We have trained four to ten transitional year interns at one time. Most of our transitional year residents continue their training in the fields of Anesthesiology, Radiology, Ophthalmology, Physical Medicine and Rehabilitation and Dermatology. The transitional year program works very closely with the Graduate Medical Education Department.

## **Organizational and Management of the Program**

Our institution, the University of Tennessee, Chattanooga sponsors the transitional year as well as eight other accredited residency programs. The institution assumes ultimate responsibility for the program. Service obligations of the sponsoring institution are secondary to the transitional-year educational objectives.

The two sponsors of the transitional year programs are the ACGME accredited Internal Medicine and Pediatrics programs. Together the sponsoring programs provide at least 25% of each resident's clinical experience. The Program Directors from each of the sponsoring programs participate in the organization of the didactic curriculum of the program. The curriculum is designed to ensure training and evaluations in all the six competencies.

The Departments of Internal Medicine, Pediatrics, Surgery, Obstetrics and Gynecology, Emergency Medicine and Family Practice provide fundamental clinical skills training i.e. skills required for the comprehensive care of patients to including elicitation of a medical history, performance of a complete physical examination, use of appropriate technology, and the integration of this information in the diagnosis and management of medical and surgical disease.

The Program Director coordinates the educational experiences in the program and is responsible to maintain records as required by the transitional year institutional policy. The transitional year educational committee (TYEC) is a free standing committee which meets every three months and has a transitional year representative. The membership of this committee is composed of but not limited to the transitional year program director, the program directors (or designees) of each program sponsor, the program directors (or designees) of disciplines regularly included in the curriculum, a resident member nominated by his or her peers, the Director of Medical Education, the Associate Dean of the University, and the Chief Executive Officer (CEO) (or designee in hospital administration) of the sponsoring institution.

This committee is responsible for monitoring the activities of the transitional year program. Through the TYEC, the Program Director participates in the organization of the didactic curriculum components of the program

The transitional year residents are supervised during their patient care months by a senior resident. They are ensured one day off in seven and not more than every third night on call. A strict duty hour monitoring system is in place.

## **Physician Impairment**

The transitional year program director understands that residency is a very stressful period and formally and informally monitors resident stress and any other learning or drug or alcohol related dysfunction. There are core curriculum lectures for the transitional year residents and faculty concerning stress management and drug or alcohol related dysfunction. In addition, during orientation the Graduate Medical Education Department provides details on the resources available and methods of identification and reporting. If needed, the program provides for confidential counseling, psychological support, and referral.

## **Grievance procedures and due process**

The program director monitors residents through regular formal and informal meetings with the transitional year residents and their peers and faculty. If there are any concerns, these are

addressed in real time through the implementation of fair policies and procedures. Detailed root cause analysis of grievance is done with the help of a mediator if needed.

### **Monitoring of resident well-being**

The program director also through formal and informal meetings monitors resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty are sensitive and provide timely provision of confidential counseling and psychological support services to residents as needed. Situations that demand excessive service or those consistently produce undesirable stress on residents are evaluated and modified when identified.

### **Evaluations**

Each member of the faculty and the rotation is evaluated in writing by the resident following completion of the assigned rotation. This evaluation is strictly confidential. Residents are evaluated by the attending physicians and their peers. Peer evaluations are strictly confidential. The residents also receive a mid-month evaluation by their faculty. The resident's performance is reviewed by the Program Director at the end of each month and a formal evaluation is discussed with the residents at the end of three months. The evaluation of the transitional year residency performance and the resident's components with the transitional year is shared with the TYEC. Residents are evaluated every month in the six competencies. Residents evaluate and are also evaluated by the University Medical Associates nursing and office personnel. These measures ensure a 360<sup>0</sup> evaluation process.

### **Ethics**

The Ethics curriculum of the transitional year is integrated with each department and the university. They attend formal ethics lectures, which are given on a monthly basis. In addition, the institution organizes core curriculum lectures, which are dedicated to bioethical issues. They have the opportunity to convene the ethics committee when needed to discuss ethical issues that may arrive during their training.

## **Medicolegal Issues**

Medicolegal aspects of patient care are emphasized throughout our program. During orientation, residents meet with our hospital attorney concerning these issues. In addition, several medicolegal lectures are incorporated in the institutional core curriculum lecture series. They are often a focus of morning report discussions. During inpatient and outpatient rotation, attendings discuss issues such as the legal aspects of decision-making and legal responsibilities towards patients and society.

## **Preventive Medicine**

Preventive medicine is emphasized throughout the residency program. Immunization and screening procedures are an integral part of the outpatient experience for all transitional year interns during the Ambulatory Care rotation and follow-up patients on their service rotations.

## **Conferences**

Conferences are an integral part of the education of transitional year residents at our campus. The transitional year residents are required to attend the conferences based on the rotation that they are doing. A record of their attendance for both at morning reports, noon conferences, grand rounds, core curriculum lectures, and other required conferences of the various departments is kept by the program coordinator.

## **Conflict Resolution**

Conflict is an inevitable part of human life. We emphasize conflict resolution in the program. Usually all the parties involved and the Program Director assist in conflict resolution and emphasize various questions that need to be answered.

## **Scholarly Activity, Research, and Quality Improvement**

Scholarly activity and research is both encouraged and demonstrated by example. In their training they are actively involved in critical appraisal of the literature, morbidity and mortality conferences, and clinic pathological conferences. The transitional year residents are involved

and participate actively in these discussions. They are also encouraged to get involved with case presentations at various local and national meetings. They are required to attend the annual university research symposium. Residents also have to submit a report on at least one system based quality issue they identified during their training.

## **Medical Records**

It is the resident's and the attending physician's responsibility to assure proper communication is maintained between the referring physicians and the institution. We encourage our residents to keep the referring physician and the patient's family informed of the patient's progress.

All dictations are required to be completed in a timely fashion. The residents are required to go to Medical Records at least once in two weeks. The resident's performance in completing medical records will be reviewed by the program director during the resident evaluations.

## **Summary**

Our residency program offers our residents exposure to a wide spectrum of illness and a large core of medical knowledge. The transitional year residents feel well prepared at the end of their year. These residents are usually amongst the finest in all our programs at Chattanooga.

**Rotations:**

**Page No.**

· Allergy/Immunology	10-17
· Ambulatory Care	18-24
· Anesthesia	25-28
· Cardiology, PGY1	29-32
· Critical Care/Pulmonary	33-36
· Dermatology	37-40
· Emergency Medicine	41-54
· Endocrine and Metabolism	55-58
· Family Medicine	59-62
· Gastroenterology	63-66
· Geriatrics	67-70
· Hematology	71-78
· Infectious Disease	79-84
· Inpatient Medicine Teaching Service	85-90
· Nephrology	91-96
· Neurology	97-103
· Nightfloat	104-106
· Obstetrics and Gynecology	107-110
· Oncology	111-115
· Pathology	116-118
· Pediatrics	119-128
· Psychiatry	129-132
· Radiology	133-139
· Research	140-149
· Rheumatology	150-153
· Surgery	154-155
· Surgical Critical Care Service	156-158

## TRANSITIONAL YEAR RESIDENCY COMPETENCY-BASED EDUCATIONAL GOALS AND OBJECTIVES Allergy Rotation

### ACGME General Competency Areas

Abbreviation	Description
<b>MK</b>	<b>Medical Knowledge</b>
<b>PC</b>	<b>Patient Care</b>
<b>ICS</b>	<b>Interpersonal and Communication Skills</b>
<b>PBLI</b>	<b>Practice-Based Learning and Improvement</b>
<b>Prof</b>	<b>Professionalism</b>
<b>SBP</b>	<b>Systems-Based Practice</b>
<b>Proc</b>	<b>Procedures</b>

### Educational Purpose

The allergy and immunology rotation provides an opportunity for the transitional year residents to have basic exposure to the principles of the field of allergy and immunology. Many clinical states caused by allergic immunologic disorders are regularly encountered in practice, for example care for the asthma patient. Patient allergies can cause profound occupational and socioeconomic changes as well as require extensive environmental alterations. The allergy and immunology rotation is primarily an office-based rotation in the private office of a faculty allergist. Each resident will develop an understanding of basic allergic and immunologic disease processes and learn how to initiate work-ups and treatment of those disorders. The resident will also gain an understanding of when consultation with an allergist is indicated.

### Teaching Methods

Residents in the allergy and immunology rotation will participate in supervised patient encounters, discussion sessions with the attending, required readings, and may be required to submit a completed series of self-assessment concerning basic aspects of the field of allergy and immunology.

### Disease Mix

The following disorders will be reviewed during the rotation with the supervising attending or through direct patient interactions:

- A. Outpatient asthma management, including evaluation of pulmonary function tests
- B. Asthma diagnosis, pathophysiology and treatment
- C. Rhinitis, classification, diagnosis and treatment
- D. Anaphylaxis, diagnosis and treatment
- E. Drug reactions, diagnosis and treatment
- F. Food reactions, diagnosis and treatment
- G. Urticaria, diagnosis and treatment
- H. Initial evaluation of immunodeficiency states
- I. Allergy skin testing

- J. Allergen immunotherapy
- K. Status asthmaticus, diagnosis and treatment
- L. Care of patients with asthma and allergic rhinitis during pregnancy
- M. Sinusitis
- N. Allergic contact dermatitis, diagnosis and treatment
- O. Atopic dermatitis, diagnosis and treatment
- P. Stinging insect reactions, diagnosis and treatment
- Q. Clinical immunology, including components of the immune system and immunological reactions in the more common immunodeficiency states

### **Patient Characteristics and Types of Clinical Encounters**

Patients are almost exclusively outpatients presenting in non-acute settings. Patients evaluated by the resident will range from adolescent to older adults. A wide range of the clinical problems noted above will be encountered including initial evaluation, chronic maintenance, and relapse. The resident will be supervised at all times by the attending allergist who will be present on site. The resident will also have the opportunity to work with nurse practitioners as well as other specialized ancillary staff as they participate in the various procedures performed in an allergist's office. The resident will have the opportunity to participate in the University Medical Associates allergy consultation clinic.

### **Procedures and Services**

The resident will observe and participate in the evaluation of:

- A. Allergy skin testing.
- B. Pulmonary function testing.
- C. Allergen immunotherapy.
- D. History taking of patients with allergic disorders.
- E. Immunotherapy.
- F. In vitro serum IGE allergen specific assays.

### **Reading List**

The resident will be expected to review the topics listed under "Disease Mix" listed above from UpToDate or other sources assigned by faculty.

### **Clinical and Pathological Material**

For the allergy rotation, this includes the results of allergen skin testing and serum diagnostic testing.

## Goals and Objectives of the Allergy Immunology Rotation

At the end of the allergy immunology rotation the Transitional Year Residents should be able to:

Competency	Description Goals/Objectives to be met	Completed
<b>MK, PC, ICS, PBLI, SBP, and Prof</b>	Demonstrate competence in history taking and physical examination and/or completing a consultation note.	
<b>MK, PC, ICS, PBLI, and SBP</b>	Demonstrate discussion and recommendations for the differential diagnosis, appropriate diagnostic testing and cost-effective management of the patient.	
<b>MK, PC, and PBLI</b>	Demonstrate understanding of the pathophysiology, diagnosis and management of patients with asthma and status asthmaticus, including evaluation of pulmonary function tests.	
<b>MK, PC, and PBLI</b>	Demonstrate understanding of the management of acute respiratory failure, including adult respiratory distress syndrome.	
<b>MK, PC, and PBLI</b>	Demonstrate understanding of the pathophysiology, diagnosis, classification and management of patients with rhinitis and sinusitis.	
<b>MK, PC, and PBLI</b>	Demonstrate understanding of the pathophysiology, diagnosis and management of patients with anaphylaxis.	
<b>MK, PC, and PBLI</b>	Demonstrate understanding of the pathophysiology, diagnosis and management of patients with urticaria, drug reactions and food reactions.	
<b>MK, PC, PBLI</b>	Demonstrate understanding of the initial evaluation of immunodeficiency states, allergy skin testing and allergen immunotherapy.	
<b>MK, PC, PBLI</b>	Demonstrate understanding of the pathophysiology, diagnosis and management of pregnant patients with asthma and allergic rhinitis.	
<b>MK, PC, PBLI</b>	Demonstrate understanding of the pathophysiology, diagnosis and management of patients with allergic contact dermatitis, atopic dermatitis and stinging insect reactions.	

<b>MK, PC, PBLI</b>	Demonstrate understanding of clinical immunology, including components of the immune system and immunological reactions in the more common immunodeficiency states.	
<b>MK, PC, PBLI, SBP, ICS, Prof</b>	Demonstrate understanding of the multidisciplinary team approach and collaborative care.	
<b>MK, PC, PBLI, SBP, ICS, Prof</b>	Demonstrate understanding in assessing patient competency to accept or refuse treatment; obtain informed consent and concept of patient confidentiality.	
<b>ICS, Prof</b>	Demonstrate ability to effectively communicate care to the patient and/or primary team.	
<b>MK, ICS, PBLI, Prof</b>	Practice and teach evidence-based medicine and demonstrate how to obtain appropriate medical information and appropriate use of technology.	
<b>MK, PC, ICS, Prof</b>	Supervise and teach students on the team if present.	
<b>ICS, Prof</b>	Show appropriate skills as team player.	
<b>ICS, Prof</b>	Give feedback to the team members concerning supervision and teaching at appropriate times.	
<b>Prof</b>	Complete all items on checklist below for rotation credit and return checklist to the Transitional Year coordinator by the month's end.	

### Performance Evaluation

- A. Daily observation and written evaluation of the resident's performance by the attending allergist.
- B. Complete the required reading list.
- C. Conferences between the resident and allergist discussing the resident's understanding of the required topics.
- D. Reviewed of the topics listed under Disease Mix with the allergist.
- E. Completion of the clinical questions as part of the resident's required knowledge base for completion of the rotation.
- F. Attending all required office sessions.
- G. Submission of a completed list of the rotation objectives.

Prior to the rotation, both resident and faculty will receive a copy of the goals and objectives. The primary method will be direct observation of performance. The resident on the rotation is evaluated continuously by the faculty as residents evaluate and present to the attending physician. The attending will evaluate the resident mid month and at the end of the month and

will fill out the standard evaluation form with the resident. A written evaluation will be performed by the attending at the completion of the rotation. Continuous evaluation will be given by the attending during the rotation. The evaluation will be based on fulfillment of rotation requirements and observations by the attending physicians. The resident will evaluate the rotation and attending anonymously using new innovations which will be kept confidential and shared with the attending faculty maintaining anonymity.

Updated August 2006

## Goals and Objectives of the Allergy Immunology Rotation

At the end of the allergy immunology rotation the Transitional Year Residents should be able to:

Competency	Description Goals/Objectives to be met	Completed
<b>MK, PC, ICS, PBLI, SBP, and Prof</b>	Demonstrate competence in history taking and physical examination and/or completing a consultation note.	
<b>MK, PC, ICS, PBLI, and SBP</b>	Demonstrate discussion and recommendations for the differential diagnosis, appropriate diagnostic testing and cost-effective management of the patient.	
<b>MK, PC, and PBLI</b>	Demonstrate understanding of the pathophysiology, diagnosis and management of patients with asthma and status asthmaticus, including evaluation of pulmonary function tests.	
<b>MK, PC, and PBLI</b>	Demonstrate understanding of the management of acute respiratory failure, including adult respiratory distress syndrome.	
<b>MK, PC, and PBLI</b>	Demonstrate understanding of the pathophysiology, diagnosis, classification and management of patients with rhinitis and sinusitis.	
<b>MK, PC, and PBLI</b>	Demonstrate understanding of the pathophysiology, diagnosis and management of patients with anaphylaxis.	
<b>MK, PC, and PBLI</b>	Demonstrate understanding of the pathophysiology, diagnosis and management of patients with urticaria, drug reactions and food reactions.	
<b>MK, PC, PBLI</b>	Demonstrate understanding of the initial evaluation of immunodeficiency states, allergy skin testing and allergen immunotherapy.	
<b>MK, PC, PBLI</b>	Demonstrate understanding of the pathophysiology, diagnosis and management of pregnant patients with asthma and allergic rhinitis.	
<b>MK, PC, PBLI</b>	Demonstrate understanding of the pathophysiology, diagnosis and management of patients with allergic contact dermatitis, atopic dermatitis and stinging insect reactions.	

<b>MK, PC, PBLI</b>	Demonstrate understanding of clinical immunology, including components of the immune system and immunological reactions in the more common immunodeficiency states.	
<b>MK, PC, PBLI, SBP, ICS, Prof</b>	Demonstrate understanding of the multidisciplinary team approach and collaborative care.	
<b>MK, PC, PBLI, SBP, ICS, Prof</b>	Demonstrate understanding in assessing patient competency to accept or refuse treatment; obtain informed consent and concept of patient confidentiality.	
<b>ICS, Prof</b>	Demonstrate ability to effectively communicate care to the patient and/or primary team.	
<b>MK, ICS, PBLI, Prof</b>	Practice and teach evidence-based medicine and demonstrate how to obtain appropriate medical information and appropriate use of technology.	
<b>MK, PC, ICS, Prof</b>	Supervise and teach students on the team if present.	
<b>ICS, Prof</b>	Show appropriate skills as team player.	
<b>ICS, Prof</b>	Give feedback to the team members concerning supervision and teaching at appropriate times.	
<b>Prof</b>	Complete all items on checklist below for rotation credit and return checklist to the Transitional Year coordinator by the month's end.	

**Allergy Rotation Check List**

<b>Competency</b>	<b>Check List Item</b>	<b>Completed</b>
<b>ICS and Prof</b>	1. Reviewed evaluation at mid and end of month with supervising faculty	
<b>PC, PBLI, and Prof</b>	2. Attended all assigned clinical activities, assigned readings, and all items in goals and objectives.	
<b>MK, ICS, PBLI, and Prof</b>	3. Completed required case report abstracts and/or posters assigned by the supervising faculty member.	
<b>MK, ICS, PBLI, and Prof</b>	4. Successful completion of Morning Report or Noon Conference.	
	5. Other	

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Faculty \_\_\_\_\_ Date \_\_\_\_\_

Revised 8/2006

## TRANSITIONAL YEAR RESIDENCY COMPETENCY-BASED EDUCATIONAL GOALS AND OBJECTIVES Ambulatory Care Rotation

### ACGME General Competency Areas

Abbreviation	Description
<b>MK</b>	<b>Medical Knowledge</b>
<b>PC</b>	<b>Patient Care</b>
<b>ICS</b>	<b>Interpersonal and Communication Skills</b>
<b>PBLI</b>	<b>Practice-Based Learning and Improvement</b>
<b>Prof</b>	<b>Professionalism</b>
<b>SBP</b>	<b>Systems-Based Practice</b>
<b>Proc</b>	<b>Procedures</b>

### Ambulatory Care-Experience in Internal Medicine, Surgery, OBGYN, Pediatrics and Adolescent Medicine and Family Practice

#### General Information

The rotation is one month long with the goal of exposing the resident to a variety of areas of different specialties of medicine. Residents see patients in the offices of several different physicians.

#### Goals and Objectives

The transitional year resident will gain expertise in the complete and comprehensive management all types of patients encountered in the outpatient setting. In addition to becoming adept in the treatment of various medical conditions, residents should also become competent in recognizing the need for hospitalization, subspecialty consultation and the utilization of preventive care techniques, the importance of continuity of care in medical management. Residents also learn skills in documentation and dictating, working with a managed care system, use of formularies and billing procedures. The goal is for residents to be knowledgeable and adept at managing complex, as well as simple, medical problems in an outpatient environment. **The transitional year resident is responsible for the comprehensive care of patients to include elicitation of a medical history, performance of a complete physical examination, use of appropriate technology, and the integration of this information in the diagnosis and management of disease.**

Currently the transitional year residents meet this requirement in the following ways:

1. While on service internal medicine rotation they have clinic 3-4 times a month that requires the application of FCS and provides continuity of care. (12-16 hours)
2. On the family practice rotation they take care of a cohort of patients adult and adolescent (approx 72-96 hours)
3. On pulmonary, cardiology and nephrology rotations they have clinics and they are involved in the comprehensive care of patients requiring the application of the broad range of FCS, unlike dermatology, endocrine, allergy, rheumatology clinics. (Approx 56 hours)

4. They also rotate in Family Practice, General Surgery, OBGYN and Pediatrics /Adolescent Medicine and the UTC Health Clinics on their 1 month block rotation (approx 136-140 hours)

### **Value to the Transitional Year Resident**

As medicine has continued to be practiced more and more in the outpatient environment, it is vital that residents be well versed in all aspects of outpatient medicine.

As a component of the complete care of the patient, the transitional year resident will need to be able to learn to care for routine problems related to the above-mentioned areas.

### **Principal Teaching Methods**

The main teaching method is one-on-one mentoring between the attending physician, faculty and the resident. There are didactic sessions in clinics on a topic referable to outpatient medicine.. In addition, one-on-one teaching that is patient-based is conducted with each resident-attending interaction. Independent reading occurs based on topics encountered during clinic time and a computer with internet, online journal, UptoDate and medical database search capability is available in the outpatient clinic at all times for use by the residents. Chief residents and senior residents are involved in the teaching aspect in the Internal Medicine, Surgery, OBGYN, Family Practice and Pediatrics Clinic.

### **Educational Content**

The main reading reference will be the MGH primer of outpatient medicine which includes the following Topics:

A. Topics covered:

1. Preventive medicine  
Screening for colon cancer  
Smoking cessation  
Ovarian cancer screening  
Preventive health screening recommendations  
Primary care for the lesbian patient  
The exercise prescription  
Estrogen replacement therapy  
Cholesterol screening  
Cholesterol lowering agents  
Prostate cancer screening  
Clinic breast exam
2. Psychiatry and Behavioral Problems  
Domestic violence  
Panic disorder
3. Allergy/Immunology  
Allergic rhinitis
4. Infectious Disease  
Genital Herpes simplex infections  
STDs  
Syphilis
5. HIV  
Prophylactic measures in HIV

- Role of HIV plasma RNA
- Prevention and treatment of MAI
- Evaluation of diarrhea in HIV+ patients
- HIV treatment guidelines
- 6. GI
  - Follow up of colon polyps
  - Diagnosing and treating refractory functional GI disorders
- 7. Renal and urologic problems
  - Approach to nephrolithiasis
  - Impotence
- 8. Cardiovascular problems
  - Endocarditis prophylaxis
  - Clinical guidelines for treatment of CHF
  - Lowering lipids in patients with CAD
  - Prosthetic Heart Valves
  - Approach to Hypertension
- 9. Pulmonary
  - Acute disruptive cough
  - Chronic cough
- 10. Musculoskeletal problems
  - Lateral epicondylitis
  - Olecranon bursitis
  - Cervical. strain
  - Shoulder pain
  - Acute low back pain
  - Plantar fasciitis
  - Morton's neuroma,
  - CPPD disease
  - Reflex sympathetic dystrophy
  - Ingrown toenails
- 11. Endocrine and metabolism
  - Prevention of diabetic foot complications
  - Management of neuropathic foot ulcers in diabetes
  - Hirsutism.
  - How to begin insulin as an outpatient
  - Management of hyperthyroidism
  - Hypothyroidism in the elderly
- 12. Neurology
  - Entrapment neuropathies
  - Migraine headaches
  - Partial seizures
  - Restless legs syndrome
- 13. Gynecology
  - Endometriosis
  - Vaginitis
  - Management of abnormal genital bleeding

- Management of asthma in pregnancy
- Management of seizures in pregnancy
- Hormonal contraception
- Benign breast disease
- Amenorrhea \_PMS
- 14. Ophthalmology
  - The red eye
- 15. Dermatology
  - Pityriasis rosea
  - Lichen planus
  - Seborrheic dermatitis
  - Acne rosacea
  - Tinea versicolor
  - Erythema nodosum
  - Acne vulgaris
- 16. Medications
  - Vitamin E
  - Calcium channel blockers and MI
  - Tramadol (Ultram)
  - Glucophage and glitazones
  - Pharmacologic treatment of cancer pain
  - Newly released medication
- 17. Rheumatology
  - Management of gout
- 18. Miscellaneous
  - Involuntary weight loss
  - Insomnia
  - The living will
  - Anorexia nervosa
  - Preoperative evaluation
  - Approach to the ambulatory patient

### **Components of the Physical Exam Stressed**

Need to do a thorough physical exam on all patients.

### **Procedures**

Simple office procedures such as joint aspiration/injection, skin biopsies, I&D's, etc. are performed under supervision of the attending physicians in the outpatient clinic.

### **Reading**

Pertinent sections of a general internal medicine textbook as well as ambulatory medicine textbooks are strongly recommended. In addition, pertinent articles from recent journals may be distributed by the attending physicians.

- A. Required Reading ; The MGH Primer of Outpatient Medicine

**Required Presentation**

Complete Noon Conference or Morning Report presentation as instructed by supervising attending or senior resident.

**Call Responsibility** None

**ACGME Definition of Meaningful Patient Responsibility** Yes.

**Bioethical Issues**

Discussions regarding end of life issues, advance directives, appropriate screening procedures in a given population, confidentiality and malpractice prevention issues are discussed as they apply to each patient. Making decisions regarding eligibility for aggressive rehabilitation and disability

**Occupational/Environmental Issues**

Occupational illnesses as they affect each organ system are discussed in relation to appropriate patients. In addition, tick-borne illnesses and other possible environmental exposures are addressed.

**Evaluation Methods**

Prior to the rotation, both resident and faculty will receive a copy of the goals and objectives. The primary method will be direct observation of performance. The resident on the rotation is evaluated continuously by the faculty as residents evaluate and present to the attending physician. The attending will evaluate the resident mid month and at the end of the month and will fill out the standard evaluation form with the resident. A written evaluation will be performed by the attending at the completion of the rotation. A verbal evaluation will be given by the attending during the rotation. The evaluation will be based on fulfillment of rotation requirements and observations by the attending physicians. The resident will evaluate the rotation and attending anonymously using new innovations which will be kept confidential and shared with the attending faculty maintaining anonymity.

Updated September 2006

**Goals and Objectives of the Transitional Year Ambulatory Rotation:  
At the end of the ambulatory transitional year interns should be able to:**

<b>Competency</b>	<b>Description Goals/Objectives to be met</b>	<b>Completed</b>
<b>ICS, PBLI, SBP, and Prof</b>	Demonstrate competence in history taking and physical examination.	
<b>MK, PC, ICS, PBLI, and SBP</b>	Demonstrate competence in the complete and comprehensive management all types of patients encountered in the outpatient setting.	
<b>MK, PC, ICS, SBP</b>	Demonstrate competence in recognizing the need for hospitalization and subspecialty consultation.	
<b>MK, PC, SBP, PBLI, ICS</b>	Demonstrate competence in utilization of preventive care techniques and the importance of continuity of care in medical management.	
<b>SBP</b>	Demonstrate skills in documentation and dictating.	
<b>SBP, PC</b>	Gain exposure to working with a managed care system, use of formularies and billing procedures.	
<b>MK, PC, ICS, SBP, Prof</b>	Seek help when needed and request consults appropriately.	
<b>MK, PC</b>	Initiate treatment for a variety of medical conditions.	
<b>MK, PC, SBP, ICS, Prof, Procedural</b>	Do outpatient medical procedures if available under supervision.	
<b>PC, SBP, ICS, Prof</b>	Demonstrate ability to effectively plan discharge and continuity care.	
<b>MK, ICS, PBLI, and Prof</b>	Practice and teach evidence-based medicine and demonstrate how to obtain appropriate medical information and use of technology.	
<b>ICS, Prof</b>	Show appropriate skills as team player.	
<b>ICS, Prof</b>	Give feedback to the team members concerning supervision and teaching at appropriate times.	
<b>Prof</b>	Complete all items on check list below for rotation credit and return checklist to the Transitional Year coordinator by the month's end.	

**Ambulatory Care Rotation Check List**

<b>Competency</b>	<b>Check List Item</b>	<b>Completed</b>
<b>ICS and Prof</b>	6. Completed all assigned clinical activities, assigned readings, and all items in goals and objectives.	
<b>PC, PBLI, and Prof</b>	7. Attended all assigned clinical activities (excluding scheduled time away, required clinics and emergencies).	
<b>MK, ICS, PBLI, and Prof</b>	8. Completed required case report abstracts and/or posters assigned by the supervising faculty member.	
<b>MK, ICS, PBLI, and Prof</b>	9. Complete Morning Report or Noon Conference presentation.	
	10. Other	

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Faculty \_\_\_\_\_ Date \_\_\_\_\_

## **TRANSITIONAL YEAR RESIDENCY COMPETENCY-BASED EDUCATIONAL GOALS AND OBJECTIVES Anesthesia Rotation**

### **ACGME General Competency Areas**

<b>Abbreviation</b>	<b>Description</b>
<b>MK</b>	<b>Medical Knowledge</b>
<b>PC</b>	<b>Patient Care</b>
<b>ICS</b>	<b>Interpersonal and Communication Skills</b>
<b>PBLI</b>	<b>Practice-Based Learning and Improvement</b>
<b>Prof</b>	<b>Professionalism</b>
<b>SBP</b>	<b>Systems-Based Practice</b>
<b>Proc</b>	<b>Procedures</b>

A one-month rotation in anesthesiology is offered to the transitional year residents under the direct supervision of Erlanger's Department of Anesthesia faculty.

The goal and objective of this rotation is to provide the resident with the general introduction to the field of Anesthesiology, primarily with general anesthesia but also with some exposure to regional blocks.

The resident will be assigned to work with one of the anesthesiologists in Erlanger's operating room Monday through Friday. The resident will be free from call responsibilities allowing additional reading opportunities. The resident will be responsible for making pre-operative rounds on patients to whose cases he/she is assigned and will assist the anesthesiologist in giving anesthesia during the cases.

During the month, the resident should attend the Department of Anesthesia Mortality and Morbidity Conference and In-Service meetings each conducted once a month.

### **Evaluation Methods**

Prior to the rotation, both resident and faculty will receive a copy of the goals and objectives. The primary method will be direct observation of performance. The resident on the rotation is evaluated continuously by the faculty as residents evaluate and present to the attending physician. The attending will evaluate the resident mid month and at the end of the month and will fill out the standard evaluation form with the resident. A written evaluation will be performed by the attending at the completion of the rotation. A verbal evaluation will be given by the attending during the rotation. The evaluation will be based on fulfillment of rotation requirements and observations by the attending physicians. The resident will evaluate the rotation and attending anonymously using new innovations which will be kept confidential and shared with the attending faculty maintaining anonymity.

The topics included in the curriculum:

Academic:

**Anatomy:**

Head&Neck-the student will learn the anatomy of the airway, larynx, pharynx, trachea; anatomy of the brain and spinal cord and the 12 cranial nerves, cervical plexus and stellate ganglion; thyroid and parathyroid innervation and blood flow.

Thorax-the student will learn the anatomy of the heart, coronary arteries and valves and arterial and venous branches; lungs, tracheobronchial tree and alveoli.

Abdomen-the student will learn about the anatomy of the stomach and intestines; abdominal aorta, mesenteric, renal and iliac arteries; kidneys, liver, and hepatic blood flow; sympathetic ganglions-celiac and lumbar; lumbar spine anatomy.

Extremities-the student will learn the anatomy of the brachial plexus, axillary sheath, median, radial, and ulnar nerves; axillary, brachial, radial, and ulnar arteries brachiocephalic and subclavian venous systems; lumbo sacral plexus, sciatic, femoral, peroneal and sural nerves femoral, popliteal, dorsalis pedis and posterior tibial arteries, saphenous, superficial and deep femoral and iliac veins.

**Physiology:**

Cardiovascular-the student will learn the concept of Starlings law of contractility, afterload and preload; the use of pulmonary artery catheter, arterial line and transduction of pressures.

Respiratory-the student will understand pulmonary functions, functions, respiratory physiology dead space ventilation and shunting.

Neurological-the student will learn about neuronal conduction, the blood brain barrier, brain and spinal cord reflexes; evaluation of the comatose patient; neuromuscular junction physiology.

Genitourinary-the student will learn about uterine contractility, stages of labor and delivery, fetal circulation, fetal resuscitation, management of the pregnant patient; renal physiology.

GI-Hepatic-the student will learn about GI motility and blood flow; hepatic metabolism and blood flow; pancreatic and gall bladder function.

**Pharmacology:**

Anesthetics-the student will learn about inhalational agents such as nitrous oxide, iso and sevoflurane ethrane and halothane; about intravenous agents

such as pentathol. Propofol, etomidate and others muscle relaxants such as succinylcholine, vecuronium, mivacron and others; conscious sedation with benzodiazepines and narcotics.

Cardiovascular drips-the student will learn about inotropes such as dopamine, dobutamine and epinephrine; vasoconstrictors such as ephedrine, phenylephrine and norepinephrine; vasodilators such as nitroglycerine, nitropruside and apresoline; use of short acting beta blockers such as labetalol and esmolol.

Respiratory-the student will learn the use of brochodilators, aerosols and intravenous and antisialogs.

GI-the student will learn the use of antiemetics and antacids to reduce the risk of aspiration and anesthesia.

**Goals and Objectives for Anesthesia Rotation:**

**At the end of the anesthesiology month, transitional year interns should be able to:**

<b>Competency</b>	<b>Description Goals/Objectives to be met</b>	<b>Completed</b>
<b>MK, PC, ICS, PBLI, IP&amp;CS, SBP, Prof</b>	Preoperative assessment of the patient: ASA classification, airway evaluation, pre-existing illness affecting anesthetic management.	
<b>MK, PC, ICS, PBLI, and SBP</b>	Intraoperative management: choice of anesthesia based on patient condition, surgical procedure, patient-surgeon-anesthesiologist preference.	
<b>MK, PC, PBLI ICS, SBP</b>	Postoperative care: (A) Recovery room complication from anesthesia or surgery. Management of airway or respiratory problems, management of cardiovascular problem, neurological assessment. (B) ICU management of ventilators, invasive monitors to include SG catheter, CVP, A-line. (C) Assessment of the comatose patient.	
<b>Prof</b>	Complete all items on checklist below for rotation credit and return checklist to the Transitional Year coordinator by the month's end.	

**Anesthesiology Rotation Check List**

<b>Competency</b>	<b>Check List Item</b>	<b>Completed</b>
<b>ICS and Prof</b>	11. Reviewed evaluation at mid and end of month with supervising faculty and resident.	
<b>PC, PBLI, and Prof</b>	12. Completed assigned readings.	
<b>MK, ICS, PBLI, and Prof</b>	13. Completed required case report abstracts and/or posters if assigned by the supervising faculty member.	
<b>MK, ICS, PBLI, and Prof</b>	14. Demonstrated understanding of the basic principals of pre-operative consultation and management.	
<b>MK ICS, PBLI, and Prof</b>	15. During the month, the resident attended the Department of Anesthesia Mortality and Morbidity Conference and In-Service meetings each conducted once a month.	
<b>Prof</b>	16. Submit signed procedure logs to Program Coordinator.	
<b>MK ICS, PBLI, and Prof</b>	17. Successful completion of Morning Report or Noon Conference presentation.	
<b>Prof</b>	18. During the month, the resident attended the Department of Anesthesia Mortality and Morbidity Conference and In-Service meetings each conducted once a month.	
	19. Other	

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Faculty \_\_\_\_\_ Date \_\_\_\_\_

## **Cardiology Rotation**

### **General Information**

The cardiology rotation is designed to familiarize the resident with the management of patients with cardiovascular problems typically encountered. The resident will gain experience in the diagnosis and treatment of patients with cardiac conditions and appropriate selection of cardiac diagnostic testing. The cardiology rotation includes both inpatient and outpatient experiences designed to maximize the learning opportunities.

### **Educational Purpose and Goals**

The objectives of the cardiology rotation are to familiarize the resident with those aspects of internal medicine that relate to cardiovascular disease. The transitional year resident is responsible for the comprehensive care of patients to include elicitation of a medical history, performance of a complete physical examination, use of appropriate technology, and the integration of this information in the diagnosis and management of disease. The primary goal of the rotation is to enhance the resident's ability to diagnose, provide cost-effective treatment for, and understand the pathophysiology of cardiovascular disease processes. Other goals of the rotation include:

- A. Improving cardiac physical examination techniques.
- B. Learning basic EKG and stress test interpretation.
- C. Improving diagnostic and management skills of patients with common cardiac disorders.
- D. Improving the understanding of noninvasive and invasive tests and their indications.
- E. Developing a basic understanding of the indications for and the complications of cardiac pacemakers.
- F. Developing a basic understanding of diagnosis and treatment of common cardiac arrhythmias
- G. Developing an understanding of the indications for cardiac electrophysiologic testing.

### **Teaching Methods**

Multiple teaching methods are utilized on the cardiology rotation including:

- A. Self-study of assigned readings.
- B. Self-study with faculty review of EKG interpretation.
- C. Faculty supervision of resident performed cardiac procedures such as stress testing.
- D. Supervised cardiology consultations with critique and feedback.
- E. Presenting information about assigned cardiology topics.
- F. Resident lecture preparation with attending assistance for presentation to the residency body.

### **Mix of Diseases**

- A. Atherosclerotic cardiovascular disease and its manifestations including management of myocardial infarction and acute coronary syndromes, chronic angina pectoris, and peripheral vascular disease.
- B. Congestive heart failure, both diastolic and systolic dysfunction.
- C. Cardiac arrhythmias including: 1) common atrial and ventricular arrhythmias, 2) normal and abnormal pacemaker function, and 3) cardiac conduction abnormalities.
- D. Evaluation of patients with syncope.
- E. Evaluation and management of patients with congenital and acquired valvular heart disease.

- F. Preventive cardiology including: 1) identification of patients at risk for cardiovascular events and 2) following current guidelines for risk reduction.

### **Patient Characteristics and Clinical Encounters**

The rotation has been designed to include significant outpatient exposures matching the encounters of general internists in practice, including participating in noninvasive cardiac diagnostic testing. Patients encountered by the resident will represent a wide diversity in age, lifestyles and cardiovascular disease.

Patients on this rotation include: 1) inpatients with urgent or emergent cardiac conditions, 2) inpatients for whom cardiac consultation has been requested, and 3) outpatients with chronic cardiac conditions being managed in clinical practices of faculty and the University Medical Associates clinic.

### **Procedures and Services**

- A. EKG and rhythm strip interpretations.
- B. Stress test performance and interpretations.
- C. Nuclear and pharmacologic stress testing.
- D. Introduction to echocardiography techniques including transthoracic and transesophageal.
- E. Introduction to pacemaker terminology and utilization.

### **Reading Lists**

- A. Required reading includes:
  - 1. Cardiology Section from the MKSAP 13 Series.
  - 2. Cardiology Self-Assessment Program from the American College of Cardiology.
- B. Supplemental reading includes:
  - 1. Guidelines from the American College of Cardiology: congestive heart failure, acute coronary syndromes, atrial fibrillation. ([www.acc.org/index](http://www.acc.org/index))
  - 2. The AFFIRM Trial. A comparison of rate control and rhythm control in patients with atrial fibrillation (AFFIRM). *NEJM*. 2003;347:1825-1832.
  - 3. Congestive Heart Failure Update. *NEJM* 2003;348:2007-2018.
  - 4. Review of Congenital Heart Disease in Adults *NEJM* 2000;342:256-263,334-342.
  - 5. Valsartan, captopril or both in MI complicated by heart failure, LV dysfunction or both. (The VALIANT TRIAL) *NEJM* 2003;349:893-906.
  - 6. CHARM Trials. Effects of candesartan in patients with chronic heart failure and preserved left ventricular ejection fraction: the CHARM-Preserved Trial. *Lancet* 2003;362:777-781.

### **Pathological Material**

When possible, residents will be encouraged to participate in clinical procedures to correlate the anatomy and physiology of the disorder being evaluated.

### **Other Educational Resources**

Structured didactic EKG teaching using EKG teaching files.

## **Evaluation of Resident Performance**

The resident on the cardiology rotation is evaluated continuously by the faculty cardiologist as residents evaluate and present to the attending physician. Residents receive a verbal mid-month evaluation by the attending cardiologist. In addition, residents receive a written end of month evaluation which is forwarded to their residency file. The performance of residents in completing the requirements of the cardiology rotation are also evaluated with feedback to the resident (see requirements of cardiology rotation completion).

During the cardiology rotation, residents are constantly encouraged to promote healthy lifestyles in their patients, particularly through changing modifiable risk factors. The risks for cardiovascular diseases imposed by behavioral choices are constantly highlighted. Through presentation of patients to the attending cardiologist, interviewing, communication and interpersonal skills are constantly on display and critiqued in order to encourage thorough and accurate history taking and physical exams.

## **Supervision**

The cardiology attending will provide immediate supervision to the resident when performing procedures, such as stress tests, and will review all patient recommendations with the resident. The attending cardiologist conducts patient rounds daily. Residents accompany the attending cardiologist on patient rounds most days. The resident and cardiology attending supervise all medical students participating in the cardiology rotation. Residents are expected to participate in teaching of those junior to them in the residency program as well as medical students present on the rotation.

## **Teaching Rounds and Conferences**

- A. Daily morning resident conferences
- B. Resident Noon Conference, 2-3 days weekly
- C. Required resident presentation monthly during Morning Report on a cardiology topic
- D. Regular EKG teaching conference (see monthly schedule)
- E. Daily attending teaching rounds (see monthly schedule)

## **Requirements of Cardiology Rotation Completion**

The following components are required for successful completion of the cardiology rotation:

- A. Attendance at all scheduled inpatient and outpatient sessions.
- B. Obtaining a passing score on the EKG examination.
- C. Sample completion of five supervised exercise treadmill tests.
- D. Successful completion of the required reading based on resident attestation and faculty testing of resident.
- E. Demonstration of appropriate skills in eliciting accurate cardiac history and physical findings.
- F. Completion of clinical vignette or poster presentation as assigned by attending.
- G. Obtain satisfactory end-of-rotation evaluation.
- H. Complete assigned case report, abstracts and/or posters assigned by the supervising faculty member.

Updated April 2006

## Cardiology Rotation Check List

Please request a cardiology faculty member initial each item as completed.

1. Reviewed mid-month and end of rotation evaluation by the supervising faculty member. \_\_\_\_\_
2. Attended all scheduled inpatient and outpatient sessions. \_\_\_\_\_
3. Successfully completed the EKG examination. \_\_\_\_\_
4. Completed five supervised exercise treadmill tests. \_\_\_\_\_
5. Successful completion of Morning Report or Noon Conference presentation \_\_\_\_\_
6. Successful completion of the Emergency Room Rotation with Dr. Fesmire. \_\_\_\_\_
7. Demonstrated appropriate skills in eliciting accurate cardiac history and physical findings. \_\_\_\_\_
8. Completion of clinical vignette or poster presentation as assigned by attending to each curriculum. \_\_\_\_\_
9. Other \_\_\_\_\_

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Cardiologist \_\_\_\_\_ Date \_\_\_\_\_

All items must be completed for rotation credit and checklist returned to the Transitional Year Program coordinator by the month's end.

## TRANSITIONAL YEAR RESIDENCY COMPETENCY-BASED EDUCATIONAL GOALS AND OBJECTIVES Critical Care Rotation

### ACGME General Competency Areas

Abbreviation	Description
<b>MK</b>	<b>Medical Knowledge</b>
<b>PC</b>	<b>Patient Care</b>
<b>ICS</b>	<b>Interpersonal and Communication Skills</b>
<b>PBLI</b>	<b>Practice-Based Learning and Improvement</b>
<b>Prof</b>	<b>Professionalism</b>
<b>SBP</b>	<b>Systems-Based Practice</b>
<b>Proc</b>	<b>Procedures</b>

### Educational Purpose

The critical care rotation is a one-month rotation in which the principles of critical care medicine and evaluation and treatment of critically ill patients are emphasized. Aspects of critically ill patients presenting with additional complications of substance abuse or from lack of timely medical care are discussed. Ethical issues concerning the intensity of care are often encountered. The appropriate environmental precautions and hazards are frequently discussed when isolation of patients is required. Aspects of care unique to the intensive care unit are also emphasized.

### Teaching Methods

The critical care team generally consists of an upper level resident, an intern and at times a fourth year medical student allowing the team to structure different tasks according to individual team member skills. The upper level residents teach interns; the attending intensivist teaches the entire team during didactic sessions as well as during daily rounds. Reading assignments are distributed based on rotation goals as well as particular disease entities encountered. During these rounds and conferences, the pathogenesis of conditions is reviewed and the particular skills needed for evaluation and management of critically ill patients are reviewed. The importance of including family members in these discussions and compassionate care for individuals is emphasized.

**The transitional year resident is responsible for the comprehensive care of patients to include elicitation of a medical history, performance of a complete physical examination, use of appropriate technology, and the integration of this information in the diagnosis and management of disease.**

### Disease Mix

All aspects of critical illness may be evaluated and managed by residents on this rotation. Particular emphases include:

- A. Consultation and management of critically ill patients.
- B. Ventilator and airway management.
- C. Management of acute respiratory failure, including adult respiratory distress syndrome.
- D. Systemic inflammatory response states, including sepsis.

- E. Nutrition in the critically ill patient.
- F. Interventions to decrease the risk of secondary complications in the critically ill patient.

### **Patient Characteristics and Types of Clinical Encounters**

In this rotation, residents evaluate patients for whom consultation is requested in intensive care units. These patients generally manifest high illness acuity in a wide range of pulmonary, cardiac, neurologic and infectious problems. During this rotation, residents are excused from their outpatient continuity clinic in order to be involved continuously in the care of their patients. Resident supervision is constantly present in the hospital for interns; attending supervision likewise is constantly present within the hospital and through daily team rounds.

### **Procedures and Services**

Often include central line placement, throacentesis, chest tube placement, bronchoscopy, and tracheotomy management.

### **Reading List**

1. MKSAP 13. Pulmonary and Critical Care, 69-96.
2. Snow V, et al. Evidence base for management of acute exacerbations of COPD. *Ann Intern Med* 2001;134:595-9.
3. Rivers E, et al. Early goal-directed therapy in the treatment of severe sepsis and septic shock. *NEJM* 2001;345:1368-77.
4. Lange RA, Hillis LD. Cardiovascular complications of cocaine use. *NEJM* 2001;345:351-8.
5. Jacobi J, et al. Clinical practice guidelines for the sustained use of sedatives and analgesics in the critically ill adult. *Crit Care Med* 2002;30:119-41.

### **Pathological Material and Educational Resources**

Residents are encouraged to review the results of diagnostic biopsies and therapeutic procedures. If an autopsy is performed on a patient for whom they have been providing consultation, they are encouraged to view the autopsy.

### **Method of Evaluation of Resident Performance**

Prior to the rotation, both resident and faculty will receive a copy of the goals and objectives. The primary method will be direct observation of performance. The resident on the rotation is evaluated continuously by the faculty as residents evaluate and present to the attending physician. The attending will evaluate the resident mid month and at the end of the month and will fill out the standard evaluation form with the resident. A written evaluation will be performed by the attending at the completion of the rotation. A verbal evaluation will be given by the attending during the rotation. The evaluation will be based on fulfillment of rotation requirements and observations by the attending physicians. The resident will evaluate the rotation and attending anonymously using new innovations which will be kept confidential and shared with the attending faculty maintaining anonymity.

## Goals and Objectives of the Critical Care Rotation

At the end of the Critical Care rotation the Transitional Year Residents should be able to:

Competency	Description Goals/Objectives to be met	Completed
<b>MK, PC, ICS, PBLI, SBP, and Prof</b>	Demonstrate competence in history taking and physical examination and/or completing a consultation note on critically ill patients.	
<b>MK, PC, ICS, PBLI, and SBP</b>	Demonstrate discussion and recommendations for the differential diagnosis, appropriate diagnostic testing and cost-effective management of the critically ill patient.	
<b>MK, PC, and PBLI</b>	Demonstrate understanding of ventilator and airway management.	
<b>MK, PC, and PBLI</b>	Demonstrate understanding of the management of acute respiratory failure, including adult respiratory distress syndrome.	
<b>MK, PC, and PBLI</b>	Demonstrate understanding of the management of systemic inflammatory response states, including sepsis.	
<b>MK, PC, and PBLI</b>	Demonstrate understanding on nutrition in the critically ill patient.	
<b>MK, PC, and PBLI</b>	Demonstrate understanding on interventions to decrease the risk of secondary complications in the critically ill patient.	
<b>MK, PC, SBP, ICS, Prof, and Procedural</b>	Perform some medical procedures under supervision (if available).	
<b>ICS and Prof</b>	Demonstrate ability to effectively communicate care to the primary team, obtain informed consent and relate "bad news"	
<b>MK, ICS, PBLI, and Prof</b>	Practice and teach evidence-based medicine and demonstrate how to obtain appropriate medical information.	
<b>MK, PC, ICS, and Prof</b>	Supervise and teach medical students on the team.	
<b>ICS and Prof</b>	Show appropriate skills as team player	
<b>ICS and Prof</b>	Give feedback to the team members concerning supervision and teaching at appropriate times	
<b>Prof</b>	Complete all items on check list below for rotation credit and return checklist to the Transitional Year coordinator by the month's end.	

**Critical Care Rotation Check List**

<b>Competency</b>	<b>Check List Item</b>	<b>Completed</b>
<b>ICS and Prof</b>	20. Reviewed evaluation at mid and end of month with supervising faculty	
<b>PC, PBLI, and Prof</b>	21. Attended all assigned clinical activities, assigned readings, and all items in goals and objectives.	
<b>MK, ICS, PBLI, and Prof</b>	22. Completed required case report abstracts and/or posters assigned by the supervising faculty member.	
<b>MK, ICS, PBLI, and Prof</b>	23. Successful completion of Morning Report or Noon Conference.	
	24. Other	

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Faculty \_\_\_\_\_ Date \_\_\_\_\_

Revised 8/2006

## **Dermatology Rotation**

### **Educational Purpose**

Skin disorders represent common reasons for patients to visit their physician. Skin disorders may be self-limited but can also represent life-threatening primary disorders or indicate serious internal disorders. Because of their frequency and potential importance, residents should be able to recognize and initiate management of many common dermatologic disorders. Dermatologic disorders often provide clues to environmental and occupational hazards for the individual patient as well as larger population groups.

The dermatology rotation is a one-month experience available to the transitional year resident. It is designed to introduce the resident to the principles of dermatologic diagnosis and treatment. During this rotation, residents will see common and sometimes uncommon skin disorders and have an opportunity to participate in learning skin biopsy techniques.

### **Teaching Methods**

Residents participate in the daily office practice of a faculty dermatologist evaluating patients together. Daily didactic sessions provided by the faculty dermatologist include review of assigned teaching slides. Residents are expected to complete the required readings assigned in addition to the rotation reading list so that they can participate fully in these didactic sessions. Residents will apply knowledge of the etiology, pathogenesis, clinical presentation and natural history of dermatologic disorders and will receive instruction in the skills necessary for dermatologic diagnosis. At all times, the confidential nature of the medical practice is emphasized. Residents also participate in the monthly dermatology clinic at the University Medical Associates site.

### **Disease Mix**

The following diseases are particularly emphasized:

- A. Diagnosis and management of malignant and premalignant skin lesions.
- B. Management of acne.
- C. Evaluation and management of rashes.
- D. Allergic skin disorders.
- E. Dermatologic manifestations of systemic illness.

### **Patient Characteristics**

As is typical of outpatient dermatological practices, patients are generally healthy; however all different socioeconomic groups are represented. Between the attending dermatologist's private office and the Erlanger Dermatology Clinic, a diversity of dermatologic problems in various stages will be seen. The resident can expect to encounter the adolescent with acne, the adult with dermatologic manifestations of systemic illness and the elderly with dermatologic malignancies.

### **Types of Clinical Encounters**

The vast majority of resident clinical encounters are outpatient on this rotation. There are occasional inpatient dermatology consultations, which the resident and attending dermatologist will complete together. The residents are constantly supervised by an on-site faculty

dermatologist. During this rotation, residents will observe how a physician's assistant is utilized in a dermatologist's practice.

### **Procedures and Services**

Residents participate in decisions to perform and learn various techniques involved in skin biopsies.

### **Reading List**

The following articles from UpToDate are required reading for the Dermatology rotation:

- A. Approach to dermatologic diagnosis
- B. Approach to the patient with macular skin lesions
- C. Approach to the patient with pustular skin lesions
- D. Atopic dermatitis
- E. Drug eruptions
- F. General principles of dermatologic therapy and topical corticosteroid use
- G. Keloids
- H. Overview of psoriasis
- I. Pityriasis rosea
- J. Erythema nodosum
- K. Metabolic and inherited diseases affecting the skin
- L. Tinea versicolor
- M. Early syphilis
- N. Impetigo; folliculitis; furunculosis; and carbuncles
- O. Overview of boils
- P. Overview of melanoma
- Q. Overview of nonmelanoma skin cancers
- R. Primary prevention of melanoma
- S. Prognostic factors in melanoma
- T. Risk factors for the development of melanoma
- U. Screening and early detection of melanoma
- V. Treatment of basal cell carcinoma
- W. Treatment of cutaneous squamous cell carcinoma
- X. Actinic keratosis
- Y. Staging work-up for melanoma and follow-up guidelines
- Z. USPSTF Guidelines: Screening for skin cancer: Recommendations and rationale

### **Pathological Material**

Results of skin biopsies and excision of lesions are reviewed with the attending dermatologist. In addition, the dermatologic teaching file received by the resident includes review of the histologic appearance of many pathological conditions.

### **Method of Evaluation**

- A. Attending evaluation at month's end.
- B. Review of assigned topics and required readings with the attending dermatologist.
- C. Attend all scheduled outpatient sessions.

**Resident requirements for completion of the dermatology rotation are as follows:**

- A. Completion of assigned and required readings with attending review.
- B. Attend all scheduled outpatient sessions (not including scheduled absences for vacation, continuity clinic, CME, etc.).
- C. Understand the essentials of performing biopsies.
- D. Be able to recognize common malignant and pre-malignant skin conditions.
- E. Understand the clinical use of topical steroids as well as complications.
- F. Understand the principles of management of acne as well as the indications for different treatments.
- G. Prepare case reports for poster presentation, if assigned.

Updated April 2006

## Dermatology Rotation Check List

1. Evaluation reviewed at mid- month and end of rotation by the supervising faculty member and resident. \_\_\_\_\_
2. Completed assigned readings. \_\_\_\_\_
3. Attended all assigned clinical activities (excluding scheduled time away, required clinics and emergencies). \_\_\_\_\_
4. Completed required case report abstracts and/or posters assigned by the supervising faculty member. \_\_\_\_\_
5. Demonstrated understanding of the essentials of performing biopsies. \_\_\_\_\_
6. Ability to recognize common malignant and pre-malignant skin conditions. \_\_\_\_\_
7. Demonstrated understanding of the clinical use of topical steroids as well as complications. \_\_\_\_\_
8. Demonstrated understanding of the principles of management of acne as well as the indications for different treatments. \_\_\_\_\_
9. Successful completion of Morning Report or Noon Conference presentation \_\_\_\_\_
10. Other \_\_\_\_\_

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Faculty \_\_\_\_\_ Date \_\_\_\_\_

All items must be completed for rotation credit and checklist returned to the Transitional Year Program coordinator by the month's end.

## TRANSITIONAL YEAR RESIDENCY COMPETENCY-BASED EDUCATIONAL GOALS AND OBJECTIVES Emergency Rotation

### ACGME General Competency Areas

Abbreviation	Description
<b>MK</b>	<b>Medical Knowledge</b>
<b>PC</b>	<b>Patient Care</b>
<b>ICS</b>	<b>Interpersonal and Communication Skills</b>
<b>PBLI</b>	<b>Practice-Based Learning and Improvement</b>
<b>Prof</b>	<b>Professionalism</b>
<b>SBP</b>	<b>Systems-Based Practice</b>
<b>Proc</b>	<b>Procedures</b>

### General Information

Residents will work at Erlanger Health System's Emergency Department. This is a Level I Trauma Center with over 40,000 visits annually. Residents are allowed to see and evaluate all patients who present to the Emergency Department. Generally patients are over 14 years of age. Interns are scheduled for twenty 10-hour shifts during the month, with an equal number of day and night shifts (8AM-6PM or 6PM-4AM). To comply with transitional year residency review committee work hour limits are as follows: 60 hours/week maximum, on average; one day off in seven on average; at least 12 hours between ER assignments.

### Goals and Objectives

The objective of this rotation is to provide a learning environment where the transitional year resident can learn to provide appropriate physical and emotional hospital care in a cost-effective manner to patients who present in the emergency department.

**The transitional year resident is responsible for the comprehensive care of patients to include elicitation of a medical history, performance of a complete physical examination, use of appropriate technology, and the integration of this information in the diagnosis and management of disease.**

During this one month rotation, the transitional residents are given the opportunity to assist and evaluate critically ill patients under the supervision of the attending emergency department physicians. Since the Erlanger Hospital is a Level I Trauma Center and the tenth busiest ER in the country, residents are exposed to a wide variety of pathology. In addition to this required block rotation, transitional year residents have the opportunity to evaluate patients in the emergency department prior to the admission to any service on which the residents are rotating. Under supervision and depending on the critical nature of the illness or injury, the resident initially examines and evaluates the patient, diagnosis the problem and determines an appropriate course of treatment. The emergency department rotation provides first year residents with protocols which pertain to management of the most common diagnoses encountered in the emergency department. In addition to seeing patients and being responsible for their management in the emergency department with the assistance of the supervision from the

faculty, transitional year residents have the opportunity to view of series of tape lectures regarding some of the most common emergency room diagnosis. They are required to view at least 4 tapes and turn the list in to the ER coordinator and TY program director.

### **Value to the TY Resident**

During the one month rotation, the transitional resident is given the opportunity to assess and evaluate patients under the supervision of the attending emergency department physicians. Under supervision and depending on the critical nature of the illness and injury, the resident initially examines and evaluates the patient, diagnoses the problem, and determines an appropriate course of treatment and then presents it to the emergency department faculty. All emergency department faculty hold university faculty in the department of medicine and or surgery.

### **Principal Teaching Methods**

Transitional year residents are responsible for completing the history and physical and writing orders and managing the patients while they are in the emergency department. They arrange the appropriate patient follow-up under supervision of the emergency department faculty. There are many planned educational opportunities in the emergency medicine rotation. The emergency department provides first year residents with protocols and video tapes which pertain to management of common diagnoses. The transitional year residents are also required to attend the Noon Conference, which is being given by the emergency medicine faculty. In addition to this, there are didactic sessions held during the rotations between the emergency medicine staff and the transitional year residents. Especially during the first month of the academic year that is July and also throughout the academic year there are the noon conference lectures are on emergency topics i.e. ACLS guidelines, shock, anaphylaxis, seizures, snake bites, oncology emergencies, hyperkalemia and management, psychiatric emergencies etc. Mandatory and attendance is required. If the transitional year resident misses any lecture they are required to view the tape to make sure they get the required teaching.

Supervision will be done by the emergency department physician(s) on duty. The emergency department physicians are faculty members of the University of Tennessee School of Medicine. Every patient will be discussed with and/or seen by the emergency department faculty physician, including discussion of the presentation, appropriate diagnostic testing/procedures, differential diagnoses, appropriate consults and appropriate disposition and treatment.

The transitional year resident will be encouraged to attend Morning Report, Grand Rounds or Noon Conference. The transitional year resident will have access to and be expected to watch relevant tapes (in the emergency department) on the attached list.

### **Educational Content**

The transitional year resident will be offered the opportunity to participate and, where possible, develop competency in the areas shown on the attached skill checklist.

- Abcess, Incision, and Drainage
- Advanced Life Support
- Arterial Blood Gas
- Aspiration of Joint:

Knee  
Elbow  
Cardioversion  
Defibrillation  
Dislocations:  
    Shoulder                      Finger  
    Elbow                      Hip  
Evaluation of Trauma Patient  
Heimlich's Maneuver  
Immobilization Techniques and Transportation:  
    Spinal Trauma  
    Soft Tissue  
Interpretation and Treatment of Arrhythmias:  
    SVT                      V-Fib  
    Bradycardia              Asystole  
    V-Tach  
Intravenous puncture by one of the following routes:  
    Peripheral                      External Jugular  
    Subclavian                      Internal Jugular  
Intubation:  
Endotracheal  
Nasotracheal  
Laceration, Repair of  
Laryngoscopy, Indirect  
Lumbar Puncture  
Military Antishock Trousers-Gravity Suit, Application  
Nasal Packs:  
    Anterior  
    Posterior  
Nasogastric Intubation  
Preservation of Severed Extremities (e.g. ear, extremities, nose, penis)  
Slit Lamp  
Splint Application:  
    Arm, Short  
    Leg, Short  
Surgical Debridement  
**Thoracentesis**  
Tonometry, Ocular  
Treatment of Minor Burns  
Urethral Catheter, use of

In addition, all residents are required to view the following tapes:

1. Exam of the neurologic patient
2. Airway Management
3. Exam of the extremities
4. Invasive procedures in E.M.

They are also offered the opportunity to review the following tapes:

- Arrhythmias
- Asthma and chronic obstructive pulmonary diseases
- Congestive heart failure
- Myocardial infarction
- Diabetes and diabetic acidosis
- Drug overdoses and poisonings
- Altered mental status
- Electrolyte imbalances and emergencies
- Hypertension
- Hypothermia
- Meningitis
- Pelvic inflammatory diseases and sexually transmitted diseases
- Vaginal bleeding and problems of pregnancy
- Bites and stings
- ER trauma evaluation
- Evaluation of the acute abdomen
- Evaluation of shock
- Evaluation of dental emergencies, peritonsillar abscess, tooth and jaw injuries
- Evaluation of low back pain, dislocations, sprains and strains
- Evaluation of urinary tract infections, pyelonephritis
- The red eye
- Headache
- Dermatology emergencies
- Infections and sepsis
- Suture techniques

### **Components of the Physical Exam Stressed**

This rotation emphasizes efficient evaluation of all major organ systems.

### **Reading**

1. See tape list.
2. *Handbook of Diagnosis Status and Treatment in the Emergency Department*. UTC Department of Medicine, Division of Emergency Medicine.

**Required Presentation** As instructed by faculty

**Call Responsibility** Expected to work twenty 10-hour shifts during the month. They will have 1 day off in seven (60 hours per week) and will have at least 12 hours between shifts.

**ACGME Definition of Meaningful Patient Responsibility** Yes.

## **Bioethical Issues**

The full range of ethical issues is covered.

## **Occupational/Environmental Issues**

Many illnesses related to occupational and environment are encountered and discussed.

## **Evaluation Method**

Prior to the rotation, both resident and faculty will receive a copy of the goals and objectives. The primary method will be direct observation of performance. The resident on the rotation is evaluated continuously by the faculty as residents evaluate and present to the attending physician. The attending will evaluate the resident mid month and at the end of the month and will fill out the standard evaluation form with the resident. A written evaluation will be performed by the attending at the completion of the rotation. A verbal evaluation will be given by the attending during the rotation. The evaluation will be based on fulfillment of rotation requirements and observations by the attending physicians. The resident will evaluate the rotation and attending anonymously using new innovations which will be kept confidential and shared with the attending faculty maintaining anonymity.

Evaluation of six competencies:

1. Patient Care- ability to perform a complete H&P, recognize and provide immediate care, formulate differential diagnosis, order appropriate care and formulate a further management plan.
2. Medical knowledge- completion of skills sheet documentation of review of at least four videos.
3. Practice based learning and improvement – literature search on at least two topics per week pertaining to topics assigned by ER physician
4. Interpersonal and communication skills.
5. Professionalism – punctuality, availability.
6. System Based Learning- knowledge of practice and delivery system, practice cost-effective care.

Updated September 2006

## **ERLANGER MEDICINE ROTATION (ADULT)**

### **General Information**

House officers will work at Erlanger Medical Center's Emergency Department at its downtown location. This is a level 1 Trauma Center with over 40,000 visits annually. House officers are allowed to see and evaluate all patients who present to the Emergency Department. Although there are no age limitations, generally the patients are over 14-years old.

### **Philosophy**

As a House Officer, your main objective this month will be to learn as much about Emergency Medicine as possible. To do this you will need to see as many people and illnesses as possible. A secondary goal will be to instruct you on proper documentation and cost effective use of ancillary tests (lab, x-ray, etc.) Though the attending will be in ultimate charge of all patients, they will try to let you do as much as you feel comfortable doing. Ideally they will be available to help you focus and fine tune certain aspects of the care as needed and not make the decisions for you.

### **Schedule**

- Consideration will be given to special requests. Requests should be given to Dr. R Hamilton in the Emergency Department no later than the 15<sup>th</sup> of the month before you work. If your schedule is not completed before the 15<sup>th</sup>, one will be provided for you. Special requests are on a first-come-first served basis (he will reserve the right to refuse these). If you already know of days you will need off during your rotation, let me know as far in advance as possible.
- Once the schedule is made, any changes made between residents must be given to Dr. Hamilton.
- Dr. Hamilton will need to meet with you for 15-20 minutes before the beginning of your rotation to go over the chart, how the actual process flows in the E.D. so that orders will be taken off, and how you are expected to document patient encounters.

## Time

- You are expected to work 200 hours in the E.D. during your rotation. This will be 20 ten-hour shifts, with only 60 hours per week only and 12 hours between shifts
- Two of these shifts, one in the beginning and one near the end of your rotation, will be with EMS (see separate EMS Rotation sheet).
- You may be on-call for Life Force should you choose. This will need to be worked out in advance. Let us know if you are interested, as this requires you to attend a safety class first.
- No more than 6 days worked consecutively.
- No more than 5 days off consecutively.
- Shifts generally are 9a-7p and 6p-4a.
- You are expected to do an equal number of day and night shifts.
- You are expected to be on time for your shift or five minutes early.
- Clinic time and conferences are not considered part of the 200 hours in the E.D. While you will be allowed to leave for your clinic or noon conference (after you have checked out your patients to the attending), you are still expected to complete your ten hours in the E.D.
- You are expected to do a minimum of 7 weekend shifts (Friday, Saturday or Sunday) during your rotation. Our busiest days are Friday, Saturday, Sunday, and Monday. Therefore, your greatest concentration of exposure to Emergency Medicine will come during this time.
- No back-to-back shifts (i.e. off at 4a and start another shift at 9a).
- If a week's vacation or conference is taken during your month, you will still need to complete a minimum of 170 hours of time in the E.D.

## Appearance

- As you have limited experience with patients and perception is so important with brief encounters as one does in the E.D., it is strongly recommended you dress as a physician and project such an image. In the E.D., scrubs project the image of an intern, as it is not a surgical suite. Scrub pants are not acceptable. A scrub top is acceptable, but less desirable than a shirt with or without a tie.
- Clear identification of your name and title is mandatory. A white jacket is suggested because of the image it portrays.

## **Evaluation**

- There will be a skills sheet given you at the start of your rotation, which must be filled out before the end of your rotation and returned to Dr. Hamilton before your evaluation will be sent to your department.
- You must review the videotape series by the end of your E.D. rotation. See the attached list for required tapes. All others are suggested but not required. There should be time to review at least one tape each day. Tapes are not to leave the TV room without Dr. Hamilton's approval. Your evaluation will not be sent to your department chairman without this being completed and returned to Dr. Hamilton.
- Evaluations will be sent to each of the faculty you have worked with during the month. A composite of comments made by them will be put on your evaluation. These will include H&P exam skills, medical knowledge, decision-making, and professionalism.
- If we note any weaknesses or deficiencies during the rotation, these will be discussed on an individual basis. Otherwise, your evaluation will be discussed with you at the middle and end of your rotation by Dr. Hamilton.

**R Hamilton, M.D.**  
**Director, Emergency Department Education**

Updated September 2006

## **ERLANGER EMERGENCY DEPARTMENT EMS ROTATION**

### **Overview**

You will be expected to do at least two of your shifts with EMS. We will generally have you with the captain on your first shift, and station you with a busy EMS downtown unit the second. We will have the first shift in the first few days of your rotation and the second near the end of your rotation.

### **Objectives**

1. Go on several EMS runs to see how the paramedics function in the field. This should give you a better appreciation for the difficulties they face socially (with the families), physically, as well as medically in caring for patients in the prehospital setting.
2. Visit the 911 center to see how it functions and gain an appreciation for the Emergency Management System.

### **Expectations**

1. The same rules for the E.D. should be done with EMS. You should always wear a name tag and/or white jacket with your name on it. No scrubs. A casual shirt is acceptable. Remember: perception, perception, perception!
2. You are primarily an observer but are able to assist in any way you feel comfortable. The crews are highly trained and can teach you if you let them. They are more than willing to show you how they do things and have you try it yourself. You also can teach them. If you want to start IV's, intubate in the field, put someone on a backboard, or do CPR they are willing to have you do this. You must be competent to do this or they will take over (that is their instructions from their medical director). You may give direct orders (i.e. IV Lasix) if you are comfortable and capable and if it does not go against their standing protocols. If they feel uncomfortable, they will let you know this and why and contact medical control.

**SKILLS SHEET FOR HOURS OFFICERS ROTATING THROUGH THE E.D.**  
**Competencies assessed MK, PC, SBP, PBLI, ICS, Prof, Procedural competency**

<b>DATE</b>	<b>PROCEDURE</b>	<b>PERFORMED (MR OF PATIENT)</b>	<b>DISCUSSED</b>	<b>FACULTY/ NURSE</b>
	Abscess I&D			
	Arterial Blood Gas			
	Aspiration of Joint:			
	Knee			
	Elbow			
	Cardioversion			
	Defibrillation			
	Dislocations:			
	Shoulder			
	Elbow			
	Finger			
	Hip			
	Evaluation of Trauma Patient			
	Heimlich Maneuver			
	Immobilization Techniques and Transportation			
	Spinal Trauma Extremity			
	Interpretation and Treatment of Arrhythmia:			
	SVT			
	Bradycardia			
	V-Tach			
	V-Fib			
	Asystole			
	Intravenous Puncture:			
	Peripheral			
	External Jugular			
	Internal Jugular			
	Subclavian			
	Femoral			
<b>DATE</b>	<b>PROCEDURE</b>	<b>PERFORMED (MR OF PATIENT)</b>	<b>DISCUSSED</b>	<b>FACULTY/ NURSE</b>
	Intubation			
	Endotracheal			
	Nasotracheal			
	Rapid Sequence			



**EMERGENCY DEPARTMENT EDUCATIONAL  
TAPE SERIES  
Emergency Department Rotation**

You are required to complete the following tapes in order to receive an evaluation from your rotation in the E.D. The other tapes are suggested, but optional:

**Competencies addressed: MK, PC, ICS, Procedural competency**

	<u>Date</u>
Exam of the Neurologic patient	_____
Airway Management	_____
Exam of the extremities	_____
Invasive procedures in E.M.	_____

Updated September 2006

**Goals and Objectives:**

**At the end of the Emergency month transitional year interns should be able to:**

<b>Competency</b>	<b>Description Goals/Objectives to be met</b>	<b>Completed</b>
<b>MK, PC, ICS, PBLI, SBP, and Prof</b>	Demonstrate competence in history taking and physical examination, recognize and provide immediate care, formulate differential diagnosis, order appropriate care and formulate a further management plan.	
<b>MK, PC, ICS, PBLI</b>	Demonstrated appropriate skills in efficiently evaluating and managing the following emergent conditions: chest pain, dyspnea, abdominal pain, the unconscious patient.	
<b>MK, PC, ICS PBLI, SBP</b>	Write admission orders and order tests appropriately and cost-effectively appropriately.	
<b>MK, PC, ICS, SBP, Prof</b>	Seek help from the resident and attending when needed and request consults appropriately.	
<b>MK, PC</b>	Initiate treatment for a variety of medical conditions.	
<b>MK, PC, SBP, ICS, Prof., Procedural</b>	Do some medical procedures under supervision if available.	
<b>ICS, Prof</b>	Demonstrate ability to effectively communicate “hands off” care and obtain informed consent and relate “bad news”.	
<b>MK, ICS, PBLI Prof</b>	Practice and teach evidence-based medicine and demonstrate how to obtain appropriate medical information and appropriate use of technology.	
<b>MK, PC, ICS, Prof</b>	Supervise and instruct students in their clinical work if present.	
<b>Prof</b>	Complete and turn in to the TY coordinator the signed skill sheet and the completed four required video sessions.	
<b>ICS and Prof</b>	Give feedback to the team members concerning supervision and teaching at appropriate times.	
<b>Prof</b>	Complete all items on checklist below for rotation credit and return checklist to the Transitional Year coordinator by the month’s end.	

### Emergency Room Rotation Check List

Competency	Check List Item	Completed
<b>ICS and Prof</b>	25. Reviewed evaluation at mid and end of month with supervising faculty and resident.	
<b>PC, PBLI, and Prof</b>	26. Attended all assigned clinical activities, assigned readings, and all items in goals and objectives.	
<b>MK, ICS, PBLI, and Prof</b>	27. Completed required case report abstracts and/or posters assigned by the supervising faculty member.	
<b>MK, ICS, PBLI, and Prof</b>	28. Successful completion of Morning Report or Noon Conference.	
	29. Other	

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Faculty \_\_\_\_\_ Date \_\_\_\_\_

## **Endocrinology and Metabolism**

### **Educational Purpose**

Maintaining normal endocrine function is crucial for optimal health. Both primary and secondary endocrine processes cause disease states. During the one-month endocrinology and metabolism rotation, the transitional year resident will learn about normal endocrine function as well as common and uncommon endocrine disorders and their evaluation and management. The major objective of this rotation is to train residents to apply the principles of endocrinology to the management of common physiologic derangements. Residents will be exposed to a broad spectrum of endocrinologic disorders demonstrating the clinical relevance understanding metabolic and physiologic derangements. The socioeconomic and health benefits of optimal control of diabetes are emphasized. Occupational behavioral factors often affect the chronic management of many endocrinologic conditions.

### **Teaching Methods**

Residents in the Endocrinology and Metabolism rotation participate in didactic teaching conferences with the scheduled attending. They will evaluate new patients presenting with problems as well as review the ongoing maintenance and treatment of diagnosed disorders. By completing required reading lists, the residents will have the opportunity to develop in-depth knowledge of endocrinologic principles as well as to study those disorders not personally evaluated during the rotation. Opportunities to teach other house staff often occur while completing inpatient or outpatient consultations.

### **Disease Mix**

The following topics are emphasized during the endocrinology/metabolism rotation.

- A. The performance and interpretation of thyroid function tests and immunoassay techniques.
- B. The essentials of diabetic care including intensive insulin management of Type 1 diabetes, recommended guidelines to avoid chronic complications such as nephropathy, retinopathy, and neuropathy.
- C. Optimal management of the patient with Type 2 diabetes.
- D. Evaluation and management of diabetic ketoacidosis.
- E. Evaluation and management of hyperosmolar nonketotic states.
- F. Diagnosis and management of thyrotoxicosis, hypothyroidism including myxedema crisis, Graves disease, management of the thyroid nodule, and differentiated thyroid cancer.
- G. Evaluation and management of hypercalcemia including hyperparathyroidism.
- H. Metabolic bone disease including osteoporosis and osteomalacia.
- I. Pituitary disorders including prolactinoma, acromegaly, and non-secreting tumors.
- J. Management of Cushing syndrome, Cushing's disease and ectopic steroid production.
- K. Multiple endocrine neoplasia syndromes.
- L. Multiple endocrine autoimmune failure syndromes.
- M. Addison's disease, and acute adrenal crisis.
- N. Hypopituitarism.
- O. Evaluation for pheochromocytoma, carcinoid syndrome, and mastocytosis.
- P. Evaluation of galactorrhea and gynecomastia.

- Q. Congenital disorders presenting as adult diseases such as Turners syndrome, Klinefelters syndrome, congenital adrenal hyperplasia.
- R. Feminizing disorders.
- S. Diabetes insipidus.

### **Patient Characteristics**

In contrast to most resident rotations, the endocrinology/metabolism rotation primarily involves outpatients and, generally, those in stable conditions. Residents will have the opportunity to experience management of stable diabetic patients and learn about the disabilities exacerbated by poor control. The patients seen on the rotation will reflect a wide socioeconomic base including patients from the endocrinologist's private practice as well as in the resident clinic and the hospital consultation service.

### **Types of Clinical Encounters**

Patient evaluated on this rotation will primarily be outpatient in the office of the faculty endocrinologist as well as in the resident endocrinology clinic. Residents will be supervised at all times by on-site faculty members and will have the opportunity to discover the importance of allied nursing personnel in the optimal management of diabetes. The importance of diabetic nurse educators is emphasized daily.

### **Procedures and Services**

Residents will have the opportunity to occasionally observe thyroid biopsies as well as participate in various stimulation and collection procedures to identify syndromes of excess or insufficient hormonal production.

### **Reading List**

MKSAP 13, Endocrinology and Metabolism.

### **Pathological Material**

Residents will be encouraged to review biopsies obtained during this rotation as well as the pathological material from those patients undergoing surgical procedures to diagnose or treat endocrinologic conditions. Occupational and environmental issues concerning radiation contamination and disposal of low level radioactive waste from the treatment of thyroid disorders will be discussed.

### **Method of Evaluation of Performance**

Residents will be evaluated in the following manner:

- A. Discussion of assigned topics and required reading by the faculty member and resident.
- B. Assessment of resident skills in evaluating patients presenting with endocrinologic complaints.
- C. Completion of required reading list.
- D. Completion of all required clinical teaching sessions.
- E. Attending end-of-month written evaluation.

**To satisfactorily complete the endocrinology and metabolism rotation, the resident must:**

- A. Complete the required reading list and discuss those topics with the faculty mentor.
- B. Attend all required clinic sessions.
- C. Demonstrate understanding of evaluation and management of the following conditions:
  - 1. Diabetic ketoacidosis
  - 2. Hyperosmolar nonketotic states
  - 3. Hypothyroidism and Hyperthyroidism
  - 4. Initial evaluation and management of hypoadrenal states
  - 5. Hypercalcemia
  - 6. Current guidelines for chronic management of insulin-dependent and non-insulin dependent diabetes.
  - 7. Initial diagnostic evaluation of suspected pheochromocytoma.

Updated April 2006

### Endocrinology Rotation Check List

1. Evaluation reviewed at mid-month and end of rotation by the supervising faculty member and resident. \_\_\_\_\_
  
2. Completed assigned readings. \_\_\_\_\_
  
3. Attended all assigned clinical activities (excluding scheduled time away, required clinics and emergencies). \_\_\_\_\_
  
4. Completed required case report abstracts and/or posters assigned by the supervising faculty member. \_\_\_\_\_
  
5. Demonstrated understanding of evaluation and management of the following conditions:
  - A. Diabetic ketoacidosis \_\_\_\_\_
  - B. Hyperosmolar nonketotic states \_\_\_\_\_
  - C. Hypothyroidism and Hyperthyroidism \_\_\_\_\_
  - D. Initial evaluation and management of hypoadrenal states \_\_\_\_\_
  - E. Hypercalcemia \_\_\_\_\_
  - F. Current guidelines for chronic management of insulin-dependent and non-insulin dependent diabetes. \_\_\_\_\_
  
6. Initial diagnostic evaluation of suspected pheochromocytoma. \_\_\_\_\_
  
7. Successful completion of Morning Report or Noon Conference presentation \_\_\_\_\_
  
  
- Other \_\_\_\_\_

Intern Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Faculty \_\_\_\_\_ Date \_\_\_\_\_

All items must be completed for rotation credit and checklist returned to the Transitional Year Program coordinator by the month's end.

## **Family Medicine Rotation**

### **General Information about the Rotation:**

The Department of Family Medicine offers a month-long rotation in ambulatory care. This experience takes place in the UT Family Practice Center where the physician has the opportunity to see a wide variety of common problems in this setting. The hours of the Family Practice Center are 8:30 a.m. – 5:00 p.m. The location is 1100 East Third Street.

### **Educational Goals and Objectives:**

- a. Exposure to common ambulatory problems.
- b. Treatment of both acute and chronic problems.
- c. Emphasis on preventive medicine.
- d. Documentation and accurate coding.
- e. Improvement in oral presentations and clinical skills.

### **Value of Information/Experience to the Transitional Year Resident:**

A number of the patients who are seen in the UT Family Practice Center are adults and elderly patients. Opportunities to see these patients and to experience the operation of a private practice should provide preparation for future practice.

### **Principal Teaching Methods:**

The physician will learn by seeing and evaluating patients. Then the physician will present these patients to the faculty who serve as precepting physicians. There is discussion regarding the findings and the differential diagnosis in order to arrive at an appropriate treatment plan.

### **Educational Content of the Rotation:**

The patients seen will consist of all ages from newborn to the elderly. This will also include obstetrical patients. Some opportunities for outpatient procedures may be available.

### **Components of the Physical Exam Stressed:**

The transitional year residents will be required to do a complete physical exam.

### **Procedures:**

Opportunities include giving immunizations; vision, hearing and pulmonary screening; EKG interpretation; minor office surgery; stress testing and ultrasound for obstetrical patients; and endoscopy.

### **Reading:**

Physicians are asked to read on each of their patients. There are books provided in the library in the UT Family Practice Center as well as periodicals to do the necessary reading. The basic textbooks in family medicine are those by Rakel and Taylor. These are available for further reading. It is also suggested that the physician become familiar with The American Family Physician and its timely articles on clinical care.

### **Required Presentation(s):**

The physician is required to present each patient who is seen in the office. They may be asked to present at one of the noon conferences during the month that they are on the rotation.

### **Call Responsibility:**

This is primarily an ambulatory rotation. However, there are opportunities for call. In addition to the work at the UT Family Practice Center, the physician may be asked to do work outside of the center which may include the nursing home and hospice.

## **ACGME Definition of Meaningful Patient Responsibility: Yes**

### **Bioethical Issues Related to this Rotation:**

In the course of seeing patients in the UT Family Practice Center, bioethical issues do arise. There is a great interest among our faculty in these issues, and two of our faculty presently serve on the Ethics Committee of Erlanger Hospital.

### **Occupational/Environmental Issues**

These topics regularly come to light with the treatment of patient competence for work or work injuries. The work environment and exposure to substances in the environment are often at the root disease processes. The residents are encouraged to take a thorough exposure history to ascertain whether an exposure is important in the patient's presentation. Many of the patients on service have significant exposures to tobacco, alcohol, or illicit drugs that cause their diseases. These histories are obtained on all patients.

### **Evaluations:**

There is a standard evaluation form that is used in the evaluation of the physician for this rotation.

The primary method will be direct observation of performance. The attending will evaluate the resident mid month and at the end of the month and will fill out the standard evaluation form with the resident.

A written evaluation will be performed by the attending at the completion of the rotation. A verbal evaluation will be given by the attending during the rotation. The evaluation will be based on fulfillment of rotation requirements and observations by the attending physicians. The resident will evaluate the rotation and attending which will be kept confidential and shared with the attending faculty maintaining confidentiality.

(Updated April 2006)

### Family Medicine Rotation Check List

1. Evaluation reviewed at mid-month and end of rotation by the supervising faculty member and resident. \_\_\_\_\_
2. Completed assigned readings. \_\_\_\_\_
3. Attended all assigned clinical activities. \_\_\_\_\_
4. Completed required case report abstracts and/or posters if assigned by the supervising faculty member. \_\_\_\_\_
5. Complete Noon Conference or Morning Report presentation. \_\_\_\_\_

Intern Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Faculty \_\_\_\_\_ Date \_\_\_\_\_

All items must be completed for rotation credit and checklist returned to the Transitional Year Program coordinator by the month's end.

## **Gastroenterology/Hepatology Rotation**

### **Educational Purpose**

Gastrointestinal and hepatic disorders frequently cause patients to seek medical attention. Abdominal pain, diarrhea, weight loss and other abdominal complaints are common presenting complaints. Hepatitis affects occupational choices and is a particular risk to health care workers, such as physicians. Alcohol abuse and its complications affect all socioeconomic groups. Residents must acquire sufficient skill and knowledge to evaluate and manage common as well as uncommon gastrointestinal and hepatic disorders.

During the gastroenterology/hepatology (GI) rotation, emphasis will include the following:

- A. Normal and disordered hepatic and GI tract function.
- B. Evaluation and management of common gastrointestinal diseases, both inpatient and outpatient.
- C. Exposure to patients with complications affecting the GI tract.
- D. Exposure to patients with multi- system diseases, affecting the GI tract.
- E. Exposure to common GI procedures including endoscopic, biopsy and aspiration procedures during which time the resident will develop knowledge of indications, contraindications and complications of these procedures.
- F. If requested, individual opportunity to perform flexible sigmoidoscopy.

### **Teaching Methods**

The principal teaching methods on the GI rotation include the following:

- A. Self-directed readings, as well as preparation for presentations.
- B. Evaluation of inpatients and outpatients followed by presentation and discussion with the attending gastroenterologist.
- C. Exposure to and performance of gastroenterologic procedures including discussions of their indications and complications.
- D. Teaching rounds with discussion of specific topics using a didactic format.
- E. Discussion of assigned and required readings.

### **Disease Mix and Learning Topics**

- A. History and physical exam techniques for evaluation of gastrointestinal complaints.
- B. Developing expertise in selecting appropriate laboratory, radiographic and endoscopic studies for evaluation of gastrointestinal disorders and diseases.
- C. Developing procedural skills including paracentesis, NG intubation, and possibly flexible sigmoidoscopy.
- D. Developing a knowledge base for the use/interpretation of the following tests.
  - 1. Fecal leukocytes, blood, OVA and parasites, fat (qualitative and quantitative).
  - 2. Esophageal motility studies, extended pH monitoring, Bernstein test and barium studies.
  - 3. Endoscopy with biopsy
  - 4. Helicobacter pylori testing.
  - 5. Serology of hepatitis.

6. CT, abdominal MRI studies, ultrasound of abdomen, abdominal angiography.
  7. Stool studies for evaluation of secretory and osmotic diarrhea.
  8. Stool studies for evaluation of surreptitious diarrhea and laxative abuse (electrolytes, osmolality, etc.).
  9. Tests for evaluating malabsorption and maldigestion.
  10. Tests for evaluating the biliary tract, pancreas and gall bladder.
  11. Selected GI hormonal studies.
  12. Hepatic function studies.
- E. The following GI problems will be reviewed during the rotation
1. Evaluation of dysphagia.
  2. Non-cardiac chest pain.
  3. Gastroesophageal reflux disease.
  4. Esophageal motility disorders.
  5. Acid peptic disease (H. pylori, gastric irritant use, etc.).
  6. Biliary tract diseases - stone disease, cholecystitis.
  7. Cholestatic syndromes.
  8. Motility disorders primary and secondary (Irritable bowel syndrome, chronic pain, constipation, etc.)
  9. Inflammatory bowel diseases
  10. Viral Hepatitis-classification, serology, management (including both acute and chronic forms).
  11. Acute and chronic diarrhea.
  12. Upper and lower gastrointestinal bleeding (including both acute and occult).
  13. Evaluation and management of ascites (including spontaneous bacterial peritonitis).
  14. Evaluation and management of the complications of cirrhosis.
  15. Evaluation and management of both acute and chronic pancreatitis.
  16. Malabsorption and maldigestion work-up and syndromes.
  17. Divertricular disease, management and complications.
  18. Constipation.
  19. Fecal incontinence.

### **Patient Characteristics**

Patients evaluated by residents on the GI rotation include both inpatients and outpatients. Patients may be stable and only mildly symptomatic or critically ill intensive care patients. The resident will participate in the University Medical Associates gastrointestinal clinic as well as in the private office of the attending gastroenterologist to evaluate and treat patients. Residents will assist with selected procedures in the GI lab and will develop an appreciation of the skills of ancillary clinic personnel who routinely assist in the evaluation and management of patients with GI disorders. Residents will be supervised by the attending when performing procedures. The evaluation and management recommendations of private office patients, inpatient consultations and follow-up care will be under the supervision of the attending gastroenterologist.

### **Procedures and Services**

Procedures performed by the resident on the GI rotation can include paracentesis, nasogastric intubation, and flexible sigmoidoscopy

### **Required Reading**

- A. MKSAP XIII: GI/Hepatology syllabus and question/answer section.
- B. Management of Cirrhosis and Ascites. April 15, 2004 *NEJM* 350;16:1646-1664.
- C. Hepatitis B Virus Infection-Natural History and Clinical Consequences. *NEJM* 2004;350(11):1118-1129.

### **Pathological Material**

Residents are encouraged to review the results of biopsies and surgical pathology specimens obtained on patients for whom they have provided consultative or management assistance.

### **Method of Evaluation**

Residents will be evaluated by the attending gastroenterologist in the following manner:

- A. End of month rotation evaluation.
- B. Completion of assigned and required reading lists.
- C. Attendance at all assigned clinic activities.
- D. The attending gastroenterologist will review the history and physical exam capabilities of all resident consults with feedback provided to the resident.

### **To complete the Gastroenterology/Hepatology rotation, the intern must:**

- A. Receive satisfactory end of rotation evaluation by the supervising faculty member.
- B. Complete assigned readings.
- C. Attend all clinical activities (excluding scheduled time away, required clinics and emergencies).
- D. Complete required case report abstracts and/or posters assigned by the supervising faculty member.
- E. Demonstrate understanding of initial management of a patient with acute GI bleeding.
- F. Demonstrate understanding of currently recommended screening for colon cancer.

Updated April 2006

### Gastroenterology Rotation Check List

1. Evaluation reviewed at mid-month and end of rotation by the supervising faculty member and resident. \_\_\_\_\_
2. Completed assigned readings to include MKSAP (Medical Knowledge Self-Assessment Program XIII – GI Section including question and answer section.) \_\_\_\_\_
3. Attended all assigned clinical activities (excluding scheduled time away, required clinics and emergencies). \_\_\_\_\_
4. Completed required case report abstracts and/or posters assigned by the supervising faculty member. \_\_\_\_\_
5. Demonstrated understanding of the initial management of a patient with acute GI bleeding. \_\_\_\_\_
6. Demonstrated understanding of currently recommended screening for colon cancer. \_\_\_\_\_
7. Complete Noon Conference or Morning Report presentation. \_\_\_\_\_
8. Other \_\_\_\_\_

Intern Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising GI Faculty \_\_\_\_\_ Date \_\_\_\_\_

All items must be completed for rotation credit and checklist returned to the Transitional Year Program coordinator by the month's end.

## **Geriatrics**

### **General Information**

Geriatric medicine is an integral part of the residency education. Six of our internal medicine sponsor faculty members, including the Chairman, have a certificate of Added Qualifications in Geriatric Medicine and four of these members attended a fellowship prior to qualification. Our resident receives significant exposure to elderly patients and the disease processes associated with a geriatric medicine practice.

A one month geriatric medicine rotation elective is available to transitional year residents with daily exposure to medically frail, complex geriatric patients in a variety of inpatient and outpatient setting which include the Alexian Brothers Community Service Program of All Inclusive Care for the Elderly (PACE), Hospice, nursing home, private office, home visits, and the Area Agency on Aging.

### **Objectives**

The objectives of the Geriatric Medicine rotation is to familiarize the transitional year resident with the unique challenge of day-to-day medical care of the frail, complex elderly patient and to help the house staff develop a sense of applying the bio-psycho-social-spiritual concept of patient care in an interdisciplinary team model.

Specific goals that will be addressed during the rotation:

- A. Distinguish the normal, usual and pathologic aging processes and learn how age affects disease.
- B. Develop the ability to obtain an accurate history from elderly patients that requires an appropriate attitude and interpersonal skills.
- C. Understand the current systems available for care of dependent elderly, including the eligibility and funding of different levels of care.
- D. Understanding the role of functional assessment and use standardized tools.
- E. Use appropriate diagnostic tests and recognize proper interpretations.
- F. Recognize and analyze positive or negative attitudes and biases regarding the elderly and the problems this creates in the doctor/patient relationship.
- G. Distinguish subtle variations in geriatric medicine as it pertains to:
  - 1) Altered disease presentations.
  - 2) Multiple diseases.
  - 3) Economic factors, patient's life-style, and polypharmacy.
  - 4) Sociologic and humanistic factors.

### **Value to the Transitional Year Resident**

The majority of patients will be older patients and the geriatrics rotation will establish a set of skills and attitudes necessary to maximize the appropriateness of geriatric care. Due to the complexity of these patients, it is sometimes necessary to solicit the assistance of community based resources and this rotation will teach the internist what services should be available in most communities nationwide and how to appropriately access them. The rotation will also

teach the philosophy of an interdisciplinary team to an internist in an effort to improve the communication between the internist and the paraprofessionals in the community who will also be involved in the care of the frail population. As Medicare and Medicaid become more complex and payment sources restructured, the resident will become familiar with the basics of reimbursement by Medicare and Medicaid and how this might apply to community based elderly in various levels of care.

### **Principal Teaching Methods**

The rotation will be taught as a “hands on” experience in many settings including:

- A. The Program of All Inclusive Care for the Elderly (PACE).
- B. Nursing homes
- C. Home visits
- D. Hospice
- E. Private practice
- F. Area Agency on Aging

House staff will be required to see frail patients in each of these settings independently with immediate feedback by an attending physician. They will also be required to attend interdisciplinary team meetings at the PACE and Hospice sites. Other meetings may include Medical Staff meetings, Medical-Nursing Staff meetings, Ethics Committee meetings, Family Meetings and others. While at the PACE site, the house staff will spend designated time in the Physical and Occupational Therapy Departments to learn principles of rehabilitation of the frail elderly. The house staff will be provided with a series of questions related to each of the so-called “geriatric syndromes” to assess competency in these areas prior to the end of the rotation. Reading assignments will be given and a video taped series of geriatric review material will be provided to expand on certain topics, as appropriate.

### **Educational Content**

Residents will work with attending physicians in geriatric medicine and will have opportunities to observe podiatry, rheumatology, ophthalmology, psychiatry and dentistry as part of a coordinated care delivery system at PACE.

### **Components of the Physical Exam Stressed**

Geriatrics is a functionally based specialty; therefore, focus will be given to assessing the functional status of each patient. Additionally, the Yale One Question, Caregiver Strain Questionnaire, Geriatric Depression Scale, Folstein Mini-Mental State Examination and the Clock Drawing Task will be taught and the interpretation of each of these will be stressed. Opportunities to observe a full neuropsychological test battery will be available on an optional basis. During the time with physical and occupational therapy, the house staff will improve on assessment skills of falls, gait, strength, coordination and function and learn screening techniques to be used in private practice.

### **Procedures**

Procedures will primarily focus on the cognitive testing of elderly. Occasionally, the residents will have the opportunity to perform cryoablation, small shave or excisional skin biopsies, and joint and trigger point injections.

## **Reading**

- A. Kane R, Ouslander, J and Abrass, I. *Essentials of Clinical Geriatrics, 4<sup>th</sup> Edition*. 1999.
  - 1. Chapter 1: Clinical Implications of the Aging Process
  - 2. Chapter 2: The Geriatric Patient: Demography and Epidemiology
  - 3. Chapter 3: Evaluating the Geriatric Patient
  - 4. Chapter 5: Confusion
  - 5. Chapter 6: Diagnosis and Management of Depression
  - 6. Chapter 7: Incontinence
  - 7. Chapter 8: Instability and Falls
  - 8. Chapter 10: Cardiovascular Disorders
  - 9. Chapter 12: Sensory Impairment
  - 10. Chapter 13: Drug Therapy
- B. Dharmarajan, TS and Norman R. *Clinical Geriatrics*. 2003.
- C. American Geriatrics Society. *Geriatric Review Syllabus, 5<sup>th</sup> Edition*. 2002.

## **Required Presentation**

Presentation on geriatric topic assigned and/or approved by faculty.

## **Bioethical Issues**

Ethical issues in the care of the geriatric patient including:

- A. Decision making for incapacitated patients.
- B. Advance Need Directives - Living Wills and Durable Power of Attorney for Healthcare.
- C. Weighing benefits and burdens of life-prolonging interventions.

## **Occupational/Environmental Issues**

Challenges of providing safe environment in LTC setting and home safety for elderly.

## **Evaluation Methods**

- A. Patient presentations: oral and written
- B. Direct observation of history taking and physical examination
- C. Discussions on assigned reading
- D. Pre and Post Test

Updated April 2006

### Geriatric Rotation Check List

1. Evaluation reviewed at mid-month and end of rotation by the supervising faculty member and resident. \_\_\_\_\_
2. Completed assigned readings \_\_\_\_\_
3. Attended all assigned clinical activities (excluding scheduled time away, required clinics and emergencies). \_\_\_\_\_
4. Completed required case report abstracts and/or posters assigned by the supervising faculty member. \_\_\_\_\_
5. Required presentation on geriatric topic assigned and/or approved by faculty \_\_\_\_\_
6. Successful completion of pre-and post test. \_\_\_\_\_
7. Complete Noon Conference or Morning Report presentation. \_\_\_\_\_

Intern Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Faculty \_\_\_\_\_ Date \_\_\_\_\_

All items must be completed for rotation credit and checklist returned to the Transitional Year coordinator by the month's end.

## TRANSITIONAL YEAR RESIDENCY COMPETENCY-BASED EDUCATIONAL GOALS AND OBJECTIVES Hematology Rotation

### ACGME General Competency Areas

Abbreviation	Description
<b>MK</b>	<b>Medical Knowledge</b>
<b>PC</b>	<b>Patient Care</b>
<b>ICS</b>	<b>Interpersonal and Communication Skills</b>
<b>PBLI</b>	<b>Practice-Based Learning and Improvement</b>
<b>Prof</b>	<b>Professionalism</b>
<b>SBP</b>	<b>Systems-Based Practice</b>
<b>Proc</b>	<b>Procedures</b>

### Educational Purpose

Residents may select to spend the entire month in Hematology or Oncology or to combine the two. If the resident chooses to combine the two subspecialties, vacation time should not be used during the elective. Residents will be taught the general principles of Hematology and Oncology with emphasis determined by the type of rotation selected.

Hematologic problems are extremely common in hospitalized patients and patients with chronic illnesses in the outpatient setting. These diseases may be primarily hematologic or may be secondary to other illnesses or conditions. It is important for the physicians to appreciate these abnormalities and know the appropriate work-up and therapies available. Physicians may use these hematologic abnormalities to uncover primary disease elsewhere in the body. Thus, it is incumbent upon the internist to have a working knowledge of typical hematologic conditions. End of life issues, aggressiveness of care issues in patients with incurable malignancies, use of Hospice programs and discussion of pain control are regularly encountered and discussed during this rotation.

Discussions of universal precautions include the handling of blood products. The complications of blood transfusions, including antibody reactions, and infectious complications, such as HIV and Hepatitis C are reviewed. Occupational and environmental exposures to hydrocarbons and benzene containing compounds are reviewed when patients present with leukemias.

### Teaching Methods

**The transitional year resident is responsible for the comprehensive care of patients to include elicitation of a medical history, performance of a complete physical examination, use of appropriate technology, and the integration of this information in the diagnosis and management of disease.**

The resident will be assigned to the hematology attending and maintain a complement of hospitalized patients and outpatients. The resident is expected evaluate new hematologic admissions as well as consults. The resident is expected to read basic information on disease entities and to present the patients to the attending. Attending rounds will be conducted on a daily basis Monday through Friday. During these rounds the attending will review the differential diagnosis, problem list and plan for appropriate diagnostic and treatment regimens with the resident. The resident will also evaluate patients admitted to the infusion center.

Teaching rounds occur daily from 7:00 - 8:00 AM, Monday through Friday. The resident will be

given daily reading assignments and will participate in the discussion with the hematology attending. These sessions are case based and are accompanied by five to ten appropriate questions. The resident also has the option to gain exposure to a broad spectrum of hematologic patients by spending afternoons during the week seeing patients in the office of the hematology attending. The teaching methods include self-directed reading and study, especially on cases seen in the hospital; daily didactic teaching sessions between the resident and hematology attending, and attendance at conferences focusing on hematologic conditions. The residents will gain most of the information during the rotation by seeing patients and reading about these abnormalities during the diagnostic work-up and treatment. Through participating in the hematology rotation, the resident will be able to appreciate diagnosis, treatment, prevention, and investigation of disorders of the hematopoietic, hemostatic, and lymphatic systems.

### **Educational Content and Disease Mix**

Topics covered include:

- A. Stem Cell disorders
  - 1. Hypoproliferative
  - 2. Hyperproliferative
  - 3. Bone marrow transplant
- B. Leukocyte disorders
- C. Erythrocyte disorders
  - 1. Production problems
  - 2. Hemolytic problems
- D. Platelet disorders
- E. Bleeding disorders
  - Inherited and acquired
  - Disseminated intravascular coagulation
- F. Thrombotic disorders
  - 1. Antiphospholipid antibody syndrome
  - 2. Thrombotic microangiopathic anemia syndrome
  - 3. Thrombophilia (inherited and acquired)
  - 4. Antithrombotic and prophylactic therapy
- G. Transfusion medicine
- H. Malignant disorders
  - 1. Molecular biology
  - 2. Lymphoproliferative disorders
  - 3. Plasma cell disorders
  - 4. Leukemic disorders

### **Patient Characteristics and Types of Clinical Encounters**

A substantial diversity of patients and types of problems will be encountered. The resident will participate in urgent consultations of hospitalized patients with life-threatening hematologic syndromes, outpatient management of chronic disorders and outpatient consultations to diagnose hematologic conditions. All patient encounters are supervised by the attending hematologist. Residents learn to appreciate the importance of the hemopathologist in the diagnostic process as well as clinical lab and blood bank personnel.

### **Procedures**

Bone marrow aspiration and biopsy can be done by the resident, if desired.

## Reading List

### A. References

1. Standard textbook medicine, hematology section
2. Wintrobe's Clinical Hematology, Ninth Edition
3. William's Text of Hematology, Fifth Edition
4. ACP Hematology Board Review

### B. Required Reading

5. MKSAP, Hematology section (13)
6. Med Study Review

### C. Selected Articles

1. Stem cell disorders: Tsai, RVL, Kittappa, R, McKay RDG. Plasticity, Niches and the Use of Stem Cells. *Develop Cell* 2:707-712,2002.
2. Stem cell disorders: Hypoproliferative. Socie G, Stone JV, Wingard JR, et al. Long term survival and late deaths from allogenic bone marrow transplants. *NEJM* 341:14-21,1999.
3. Stem cell disorders – Hyperproliferative: Meloni G, Capria S, Vignett M, et al. Ten-year follow-up of a single center prospective trial of unmanipulated peripheral blood stem cell autograft and alpha interferon and early phase chronic myeloid leukemia. *Hematologica* 86(6:596-601),2001.
4. Leukocyte disorders: Malech HL, Gallin JL. Current concepts in Immunology, neutrophils in human disease. *NEJM* 317:687,1997.
5. Erythrocyte disorders: Hoffbarnd AV, Herbert V. Nutritional anemia. Seminars in Hematology. 36:(4 supplements)13-23,1999.
6. Erythrocyte disorders – Membrane abnormalities: Tse WT, Lux SE. Red blood cell membrane disorders. *Br. J Haematol* 104:2-13,1999.
7. Erythrocyte disorders – Hemolytic sickle cell: Mentzer WC, Kan YW. Prospects for research in hematologic disorders; sickle cell disease and thalassemia. *JAMA* 285:640-642,2001.
8. Platelet disorders: Perdue JJ, Vesely SK, George JN, et al. Residual effects of thrombotic thrombocytopenic purpura – hemolytic uremic syndrome on health related quality of life; limitations in vitality and daily activities among survivors. *Blood* 98:60B-63B, 2001.
9. Platelet disorders – DIC: Levi M, ten Cate H. Disseminated intravascular coagulation. *NEJM* 341:586-592,1999.
10. Bleeding disorders – Inherited: Mannucci PM, Tuddenham EDG. The Hemophilias; From royal genes to gene therapy. *NEJM* 344:1773-1779,2001.
11. Thrombotic disorders: Orsendal FR. Thrombosis in the young: Epidemiologic and risk factors, a focus on venous thrombosis. *Thromb Haemost* 78:1-6,1997.
12. Thrombotic disorder – thrombophilia: Bauer kA. The thrombophilias; well-defined risk factors with uncertain therapeutic implications. *Ann Int Med* 135:367-373,2001.
13. Antithrombotic prophylactic therapy: Kearon C, Gent M, Hirsh J, et al. A comparison of three months of anticoagulation with extended anticoagulation for a first episode of idiopathic venous thromboembolism. *NEJM* 340:901-907,1999.
14. Transfusion Medicine: Huang CH, Liu PC, Cheng JG. Molecular bases in genetics of the Rh blood group system. *Semin Hematolo* 37;160-165,2000.
15. Hemologic Oncology: Garrido SM, Appelbaum FR, William CL, Banker DE. Acute myeloid leukemia cells are protected from spontaneous and drug induced apoptosis by direct contact with a human bone marrow stromal cell line. *Exp Hematol* 29:448-457 2001.

16. Lymphoproliferative disorders: Zwiebel JA, Cheson BD. Chronic lymphocytic leukemia: Staging and prognostic factors with seminars in oncology. *Semin Oncol* 25:42-59,1998.
17. Plasma cell disorders. Anderson K. Advance in the biology of multiple myeloma, Therapeutic applications. *Semin Oncol* 26:10-22,1999.
18. Leukemic disorders: Annino L, Vegna ML, Camera A, et al. Treatment of adult acute lymphoblastic leukemia (ALL); Long-term follow-up of the GIMEMA ALL 0288 randomized study. *Blood* 99:863-871,2002.

## Pathological Material

Peripheral blood and bone marrow studies are reviewed on a daily basis depending on the subject matter of the day (Harvard hematology course slides).

## Required Presentations

A Morning Report is devoted to hematology on a monthly basis. The resident is also required to participate in the family practice lecture series.

## Evaluation Methods

Prior to the rotation, both resident and faculty will receive a copy of the goals and objectives. The primary method will be direct observation of performance. The resident on the rotation is evaluated continuously by the faculty as residents evaluate and present to the attending physician. The resident is given an evaluation sheet at the start of the rotation. They are expected to evaluate each of the didactic sessions and note whether or not patients with these conditions have been seen. This is extremely helpful in determining if the course objectives are met. The attending will evaluate the resident mid month and at the end of the month and will fill out the standard evaluation form with the resident. A written evaluation will be performed by the attending at the completion of the rotation. A verbal evaluation will be given by the attending during the rotation. The evaluation will be based on fulfillment of rotation requirements and observations by the attending physicians. The resident will evaluate the rotation and attending anonymously using new innovations which will be kept confidential and shared with the attending faculty maintaining anonymity.

Requirements for completion of hematology rotation are as follows:

### Goals and Objectives:

At the end of the service month transitional year interns should be able to:

Competency	Description Goals/Objectives to be met	Completed
<b>MK, PC, ICS, PBLI, SBP, and Prof</b>	Demonstrate competence in history taking and physical examination and/or completing a consultation note.	
<b>MK, PC, ICS, PBLI, and SBP</b>	Demonstrate discussion and recommendations for the differential diagnosis, appropriate diagnostic testing and cost-effective management.	
<b>MK, PC, PBLI</b>	Demonstrate understanding of current recommendations for how and when to evaluate a patient for hypercoagulability and possible paraprotein disorders.	
<b>MK, PC, PBLI</b>	Demonstrate understanding of the	

	appropriate evaluation of macrocytic, normocytic, and microcytic anemias.	
<b>MK, PC, PBLI,</b>	Demonstrate understanding of the indications for and complications of the following transfusions: red cell, platelet, clotting factor and WBC	
<b>MK, PC, SBP, ICS, Prof., Procedural</b>	Do medical procedures if available under supervision.	
<b>ICS, Prof</b>	Demonstrate ability to effectively communicate care to the primary team, obtain informed consent and relate “bad news”	
<b>MK, ICS, PBLI Prof</b>	Practice and teach evidence-based medicine and demonstrate how to obtain appropriate medical information.	
<b>MK, PC, ICS, Prof</b>	Supervise and teach students on the team if present.	
<b>ICS and Prof</b>	Show appropriate skills as team player	
<b>ICS and Prof</b>	Give feedback to the team members concerning supervision and teaching at appropriate times.	
<b>Prof</b>	Complete all items on checklist below for rotation credit and return checklist to the Transitional Year coordinator by the month’s end.	

**Goals and Objectives:**

**At the end of the hematology month transitional year interns should be able to:**

<b>Competency</b>	<b>Description Goals/Objectives to be met</b>	<b>Completed</b>
<b>MK, PC, ICS, PBLI, SBP, and Prof</b>	Demonstrate competence in history taking and physical examination and/or completing a consultation note.	
<b>MK, PC, ICS, PBLI, and SBP</b>	Demonstrate discussion and recommendations for the differential diagnosis, appropriate diagnostic testing and cost-effective management.	
<b>MK, PC, PBLI</b>	Demonstrate understanding of current recommendations for how and when to evaluate a patient for hypercoagulability and possible paraprotein disorders.	
<b>MK, PC, PBLI</b>	Demonstrate understanding of the appropriate evaluation of macrocytic, normocytic, and microcytic anemias.	
<b>MK, PC, PBLI,</b>	Demonstrate understanding of the indications for and complications of the following transfusions: red cell, platelet, clotting factor and WBC	

<b>MK, PC, SBP, ICS, Prof., Procedural</b>	Do medical procedures if available under supervision.	
<b>ICS, Prof</b>	Demonstrate ability to effectively communicate care to the primary team, obtain informed consent and relate “bad news”	
<b>MK, ICS, PBLI Prof</b>	Practice and teach evidence-based medicine and demonstrate how to obtain appropriate medical information.	
<b>MK, PC, ICS, Prof</b>	Supervise and teach students on the team if present.	
<b>ICS and Prof</b>	Show appropriate skills as team player	
<b>ICS and Prof</b>	Give feedback to the team members concerning supervision and teaching at appropriate times.	
<b>Prof</b>	Complete all items on checklist below for rotation credit and return checklist to the Transitional Year coordinator by the month’s end.	

**Private Office Rotation Check List**

<b>Competency</b>	<b>Check List Item</b>	<b>Completed</b>
<b>ICS and Prof</b>	30. Reviewed evaluation at mid and end of month with supervising faculty and resident.	
<b>PC, PBLI, and Prof</b>	31. Completed all assigned clinical activities, assigned readings, and all items in goals and objectives.	
<b>MK, ICS, PBLI, and Prof</b>	32. Attended all assigned clinical activities (excluding scheduled time away, required clinics and emergencies)	
<b>MK, ICS, PBLI, and Prof</b>	33. Completed required case report abstracts and/or posters assigned by the supervising faculty member.	
<b>MK, ICS, PBLI, and Prof</b>	34. Complete Noon Conference or Morning Report presentation	

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Faculty \_\_\_\_\_ Date \_\_\_\_\_

### Hematology Rotation Check List

Competency	Check List Item	Completed
<b>ICS and Prof</b>	35. Reviewed evaluation at mid and end of month with supervising faculty and resident.	
<b>PC, PBLI, and Prof</b>	36. Attended all assigned clinical activities, assigned readings, and all items in goals and objectives.	
<b>MK, ICS, PBLI, and Prof</b>	37. Completed required case report abstracts and/or posters assigned by the supervising faculty member.	
<b>MK, ICS, PBLI, and Prof</b>	38. Successful completion of Morning Report or Noon Conference.	
	39. Other	

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Faculty \_\_\_\_\_ Date \_\_\_\_\_

## TRANSITIONAL YEAR RESIDENCY COMPETENCY-BASED EDUCATIONAL GOALS AND OBJECTIVES Infectious Disease Rotation

### ACGME General Competency Areas

Abbreviation	Description
<b>MK</b>	<b>Medical Knowledge</b>
<b>PC</b>	<b>Patient Care</b>
<b>ICS</b>	<b>Interpersonal and Communication Skills</b>
<b>PBLI</b>	<b>Practice-Based Learning and Improvement</b>
<b>Prof</b>	<b>Professionalism</b>
<b>SBP</b>	<b>Systems-Based Practice</b>
<b>Proc</b>	<b>Procedures</b>

### Educational Purpose

The infectious disease rotation is available to all transitional year residents. Infectious disease specialists now provide continuing care for many patients with HIV disease. Because the practice of internal medicine requires a broad knowledge base of infectious disease, acquiring fundamental skills in evaluating and managing patients are critical. Developing expertise in evaluating patients with primary infections, such as pneumonia and urinary tract infections; secondary infectious processes, such as catheter related infections and ventilator associated pneumonia, etc; and immunocompromised patients is stressed. The prevention of infectious diseases by the use of appropriate vaccinations is emphasized to the residents. Clinical ethics become more complicated for the infectious disease practitioner as HIV has become more common. Many infectious diseases can be transmitted through occupational exposures and prevented by appropriate environmental precautions.

**The transitional year resident is responsible for the comprehensive care of patients to include elicitation of a medical history, performance of a complete physical examination, use of appropriate technology, and the integration of this information in the diagnosis and management of disease.**

### Teaching Methods

One-on-one didactic sessions with the attending, bedside rounds on all new consults and hospital follow-ups, assigned readings and reviewing articles on the reading list will provide substantial learning opportunities for each resident. During these discussions, physiology, pathogenesis, clinical presentations and natural history of infectious disorders is regularly reviewed. The importance of a careful history and physical exam is crucial for appropriate diagnosis of infectious disorders as well by the use of medical information as illustrated by those with sexually transmitted diseases and HIV.

### Disease Mix

The resident will evaluate primary infectious disease processes such as pneumonia, urinary tract infections, endocarditis, and HIV. The resident will also evaluate secondary infectious disease processes such as catheter-related infections and ventilator associated pneumonia and immunocompromised patients with neutropenia, transplantation, connective tissues diseases and

immunomodulating medications. Residents will also evaluate diseases that mimic infections, such as connective tissues diseases, allergic reactions. Residents will be confronted with patients in primary as well as secondary infectious processes. They will also evaluate immunocompromised patients and patients whose diseases mimic infectious disease.

The major topics emphasized during this rotation include but are not limited to the following:

- A. Interpretation of culture and sensitivity data on: sputum, urine, blood, wound and quantitative burn cultures.
- B. Interpretation of serology studies: viral diseases (HIV, hepatitis, EBV, CMV, others), syphilis, Lyme disease, etc.
- C. Preparation and interpretation of gram stains and AFB smears.
- D. The spectrum, pharmacokinetics, side effects and toxicities along with the dosing of the major classes of antibiotics and antivirals.

Key clinical syndromes:

- A. Pneumonias: community acquired and nosocomial.
- B. Urinary tract infections: complicated and uncomplicated intraabdominal infections.
- C. Skin/soft tissue infections: diagnosis, treatment and complications.
- D. Sinusitis/otitis: diagnosis, treatment and complications.
- E. Tuberculosis: epidemiology, presentation, diagnosis, and treatment.
- F. Meningitis, encephalitis and other central nervous system infections.
- G. Endocarditis: diagnosis, treatment and prophylaxis.
- H. Bacteremia: staph species, enterococcus species, others.
- I. HIV infection: asymptomatic patient work up, antiretroviral therapy.
- J. Opportunistic infections: treatment and prophylaxis

Primary Diseases Encountered: Similar to topics covered plus:

- A. Sepsis/sepsis syndrome.
- B. Surgical wound.
- C. Fungemia.
- D. Catheter related infections.
- E. Osteomyelitis.
- F. Infections in trauma patients.
- G. Infections in transplant patients.
- H. Fever.

### **Patient Characteristics**

Patients ranging in age from adolescents to the elderly are routinely encountered. Disease processes from the subtle to the catastrophic and the initial to terminal stages are evaluated.

### **Types of Clinical Encounters**

Most clinical encounters seen at the consultative infectious disease practice are primarily inpatient. However, outpatient management of HIV and tuberculosis under the supervision of the attending infectious disease specialist are provided. Residents participate in the TB clinic at the Hamilton County Health Department and are introduced to the principles of community wide surveillance, the role of non-physician personnel in the appropriate management of TB and other communicable diseases.

### **Procedures and Services**

During the infectious disease rotation, needle aspiration as well as incision and drainage of

superficial abscesses may be performed. Other procedures may include lumbar puncture, arthrocentesis, preparation of gram stains for review, and review of acid fast stains.

## Reading List

MKSAP 13, Infectious Disease Medicine.

## Pathological Material

Residents are encouraged to review the results of biopsies, gram stains and AFB stains with patients they have encountered.

## Method of Evaluation

Prior to the rotation, both resident and faculty will receive a copy of the goals and objectives. The primary method will be direct observation of performance. The resident on the rotation is evaluated continuously by the faculty as residents evaluate and present to the attending physician. The attending will evaluate the resident mid month and at the end of the month and will fill out the standard evaluation form with the resident. A written evaluation will be performed by the attending at the completion of the rotation. A verbal evaluation will be given by the attending during the rotation. The evaluation will be based on fulfillment of rotation requirements and observations by the attending physicians. The resident will evaluate the rotation and attending anonymously using new innovations which will be kept confidential and shared with the attending faculty maintaining anonymity.

## Goals and Objectives of the Infectious Disease Rotation

At the end of the rotation the transitional year interns should be able to:

Competency	Description Goals/Objectives to be met	Completed
<b>MK, PC, ICS, PBLI, SBP, and Prof</b>	Demonstrate competence in history taking and physical examination and/or completing a consultation note.	
<b>MK, PC, ICS, PBLI, and SBP</b>	Demonstrate discussion and recommendations for the differential diagnosis, appropriate diagnostic testing and cost-effective management.	
<b>MK, PC, PBLI</b>	Demonstrate understanding of current recommendations for adult immunizations.	
<b>MK, PC, PBLI</b>	Demonstrate understanding of the appropriate antibiotic selection for the following situations. Community acquired pneumonia in a healthy adult; Community acquired pneumonia in an immunocompromised patient; Nosocomial pneumonia, Bacterial endocarditis; Diabetic soft tissue infections; Simple & complicated urinary tract infections.	
<b>MK, PC, PBLI,</b>	Demonstrate understanding of the management of systemic inflammatory	

	response states, including sepsis and fever in a neutropenic patient.	
<b>MK, PC, SBP, ICS, Prof., Procedural</b>	Do medical procedures if available under supervision.	
<b>ICS, Prof</b>	Demonstrate ability to effectively communicate care to the primary team, obtain informed consent and relate “bad news”	
<b>MK, ICS, PBLI Prof</b>	Practice and teach evidence-based medicine and demonstrate how to obtain appropriate medical information.	
<b>MK, PC, ICS, Prof</b>	Supervise and teach students on the team if present.	
<b>ICS and Prof</b>	Show appropriate skills as team player	
<b>ICS and Prof</b>	Give feedback to the team members concerning supervision and teaching at appropriate times.	
<b>Prof</b>	Complete all items on checklist below for rotation credit and return checklist to the Transitional Year coordinator by the month’s end.	

Updated September 2006

### Goals and Objectives of the Infectious Disease Rotation

**At the end of the rotation the transitional year interns should be able to:**

<b>Competency</b>	<b>Description Goals/Objectives to be met</b>	<b>Completed</b>
<b>MK, PC, ICS, PBLI, SBP, and Prof</b>	Demonstrate competence in history taking and physical examination and/or completing a consultation note.	
<b>MK, PC, ICS, PBLI, and SBP</b>	Demonstrate discussion and recommendations for the differential diagnosis, appropriate diagnostic testing and cost-effective management.	
<b>MK, PC, PBLI</b>	Demonstrate understanding of current recommendations for adult immunizations.	
<b>MK, PC, PBLI</b>	Demonstrate understanding of the appropriate antibiotic selection for the following situations. Community acquired pneumonia in a healthy adult; Community acquired pneumonia in an immunocompromised patient; Nosocomial pneumonia, Bacterial endocarditis; Diabetic soft tissue infections; Simple & complicated urinary tract infections.	
<b>MK, PC, PBLI,</b>	Demonstrate understanding of the management of systemic inflammatory response states, including sepsis and fever in a neutropenic patient.	
<b>MK, PC, SBP, ICS, Prof., Procedural</b>	Do medical procedures if available under supervision.	
<b>ICS, Prof</b>	Demonstrate ability to effectively communicate care to the primary team, obtain informed consent and relate "bad news"	
<b>MK, ICS, PBLI Prof</b>	Practice and teach evidence-based medicine and demonstrate how to obtain appropriate medical information.	
<b>MK, PC, ICS, Prof</b>	Supervise and teach students on the team if present.	
<b>ICS and Prof</b>	Show appropriate skills as team player	
<b>ICS and Prof</b>	Give feedback to the team members concerning supervision and teaching at appropriate times.	
<b>Prof</b>	Complete all items on checklist below for rotation credit and return checklist to the Transitional Year coordinator by the month's end.	

**Infectious Disease Rotation Check List**

<b>Competency</b>	<b>Check List Item</b>	<b>Completed</b>
<b>ICS and Prof</b>	40. Reviewed evaluation at mid and end of month with supervising faculty member and resident.	
<b>PC, PBLI, and Prof</b>	41. Completed all assigned clinical activities, assigned readings, and all items in goals and objectives.	
<b>MK, ICS, PBLI, and Prof</b>	42. Completed required case report abstracts and/or posters assigned by the supervising faculty member.	
<b>MK, ICS, PBLI, and Prof</b>	43. Successful completion of Morning Report or Noon Conference.	
	44. Other	

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Faculty \_\_\_\_\_ Date \_\_\_\_\_

## **TRANSITIONAL YEAR RESIDENCY COMPETENCY-BASED EDUCATIONAL GOALS AND OBJECTIVES Inpatient Medicine Teaching Service**

### **ACGME General Competency Areas**

<b>Abbreviation</b>	<b>Description</b>
<b>MK</b>	<b>Medical Knowledge</b>
<b>PC</b>	<b>Patient Care</b>
<b>ICS</b>	<b>Interpersonal and Communication Skills</b>
<b>PBLI</b>	<b>Practice-Based Learning and Improvement</b>
<b>Prof</b>	<b>Professionalism</b>
<b>SBP</b>	<b>Systems-Based Practice</b>
<b>Proc</b>	<b>Procedures</b>

The internal medicine inpatient rotation represents internal medicine in its most classic sense. Under the supervision of faculty internists, interns and residents admit patients and manage their care during hospitalization. The inpatient medicine experience provides one of the essential foundations for the general internist and medical subspecialist.

Bioethical issues abound during the service months and range from end of life issues to domestic violence. Other issues include access to health care utilization of precious resources, patient and physician responsibilities.

The work environment and exposure to substances in the environment often cause disease processes. Residents are encouraged to take a thorough exposure history to ascertain whether an exposure is important in the patient's presentation.

Many patients have significant exposures to tobacco, alcohol, or illicit drugs which may cause or contribute to their illnesses. These histories are obtained on all patients.

### **Educational Purpose**

**The transitional year resident is responsible for the comprehensive care of patients to include elicitation of a medical history, performance of a complete physical examination, use of appropriate technology, and the integration of this information in the diagnosis and management of disease.**

During the inpatient medicine months, interns and residents gain a broad understanding of the various medical problems presented by inpatients. The learning process during the month emphasizes patient evaluation and management. Residents learn how to formulate and confirm diagnoses by appropriately ordering laboratory, radiological and interventional studies. The resident will become familiar with current diagnostic and therapeutic recommendations. Acquiring optimal communication skill with patients and other professionals is constantly emphasized.

Residents often encounter the tragedies caused by a lack of affordable, accessible health care as well as the effects of inappropriate lifestyle choices. Residents face difficult ethical decisions such as whether and when to limit aggressive care. Discussions concerning appropriate end-of-life care occur frequently. When patients from Moccasin Bend Mental Health Institute are admitted to teaching services, residents encounter both acute and chronic mental health and behavioral issues.

**Goals and Objectives:**

**At the end of the service month transitional year interns should be able to:**

<b>Competency</b>	<b>Description Goals/Objectives to be met</b>	<b>Completed</b>
<b>MK, PC, ICS, PBLI, SBP, and Prof</b>	Demonstrate competence in history taking and physical examination.	
<b>MK, PC, ICS, PBLI, and SBP</b>	Write admission orders and order tests appropriately and cost-effectively appropriately.	
<b>MK, PC, ICS, SBP, Prof</b>	Seek help from the resident and attending when needed and request consults appropriately.	
<b>MK, PC</b>	Initiate treatment for a variety of medical conditions.	
<b>MK, PC, SBP, ICS, Prof. Procedural</b>	Do some medical procedures under supervision.	
<b>PC, SBP, ICS, Prof.</b>	Demonstrate ability to effectively plan discharge and continuity care.	
<b>MK, SBP, PC, ICS</b>	Complete hospital discharge summaries accurately.	
<b>ICS, Prof</b>	Demonstrate ability to effectively communicate “hand-off” care and obtain informed consent and relate “bad news”.	
<b>MK, ICS, PBLI, Prof</b>	Practice and teach evidence-based medicine and demonstrate how to obtain appropriate medical information.	
<b>MK, PC, ICS, Prof</b>	Supervise and instruct students in their clinical work.	
<b>ICS and Prof</b>	Show appropriate skills as team player	
<b>ICS and Prof</b>	Give feedback to the team members concerning supervision and teaching at appropriate times.	

## **Principal Teaching Methods**

Teaching occurs constantly during this rotation. Senior residents teach interns and medical students by allowing graded responsibility with careful oversight. Interns participate in medical student teaching and oversight. The principles of efficient, safe hospital care are taught through direct observation and direction. The attending physician conducts daily patient rounds during which patient care is reviewed and teaching provided. Sufficient didactic instruction is provided to meet the Residency Review Committee requirement of 4½ hours of teaching weekly.

## **Disease Mix and Patient Characteristics**

Pulmonary, cardiac, and neurologic disorders requiring hospitalization comprise the majority of clinical situations encountered by the residents. Patients are evaluated in the Emergency Department, Intensive Care Unit, and non-critical hospital units. Interns and residents evaluate and manage the care of newly hospitalized patients as well as those continuing in the hospital. Residents, under supervision, also provide general medical consultations for other clinical specialties within Erlanger Hospital

## **Procedures**

Multiple procedures are available during the inpatient medicine month and include: paracentesis, arterial puncture, arthrocentesis of the knee, placement of a central venous line, nasogastric intubation, and thoracentesis. Many residents complete their required procedures during their inpatient medicine months. Opportunities may occur for other procedures such as bone marrow aspiration and biopsy, pulmonary artery catheterizations, flexible sigmoidoscopy, endotracheal intubation, and cardiopulmonary resuscitation.

## **Pathological Material**

Residents are encouraged to review with a pathologist his biopsy specimens, surgical path specimens, and attend autopsies performed on their patients.

## **Required Reading**

Residents are required to identify and review appropriate references concerning the clinical situations they encounter during the inpatient medicine experience. Residents often utilize the UpToDate on-line resource as well as general medicine textbooks. UpToDate is available in the Erlanger Medical Library (2 computer work stations) as well as in the 7<sup>th</sup> floor Erlanger Internal Medicine Resident Reading room and in the resident continuity clinic in the Whitehall Building.

## **Required Presentation**

Residents present inpatient cases to their peers and faculty during the daily Internal Medicine Morning Report. Each inpatient medicine team intern presents at least one case (usually two or more cases) during the month for discussion.

## **Call Responsibility**

Each of the four inpatient medical teaching teams rotate call every 4<sup>th</sup> day. "On call" responsibility extends from 7:00 AM until 7:00 PM Sunday through Thursday. The night float

team assumes “on call” responsibility from 7:00 PM Sunday through Thursday evenings until 7:00 AM the following morning. The inpatient teams provide overnight “on call” availability on Fridays and Saturdays. The 80 hour work week limits, post-overnight call 6 hour work limit, and one day off in seven guidelines are followed scrupulously.

### **Evaluation Methods**

The upper level resident provides continuous feedback to the interns and students throughout the month. The attending provides mid-month feedback to team members and a written end of month evaluation to team members. Residents complete peer and attending physician evaluations. Team members are encouraged to give immediate feedback to each other so that concerns and suggestions can be promptly discussed. Specific competencies expected and activities to be completed during the month are listed in the section of goals and objectives.

### **Supervision**

A central objective in our training program is graduated responsibility consistent with the developing skills of each member. Senior residents personally and generally oversee interns. The attending physician evaluates patients regularly and supervises the overall team functioning. All newly admitted patients are evaluated by the attending physician within 24 hours of admission.

### Transitional Year Inpatient Medicine Rotation Goals and Objectives:

**At the end of the service month transitional year interns should be able to:**

<b>Competency</b>	<b>Description Goals/Objectives to be met</b>	<b>Completed</b>
<b>MK, PC, ICS, PBLI, SBP, and Prof</b>	Demonstrate competence in history taking and physical examination.	
<b>MK, PC, ICS, PBLI, and SBP</b>	Write admission orders and order tests appropriately and cost-effectively appropriately.	
<b>MK, PC, ICS, SBP, Prof</b>	Seek help from the resident and attending when needed and request consults appropriately.	
<b>MK, PC</b>	Initiate treatment for a variety of medical conditions.	
<b>MK, PC, SBP, ICS, Prof. Procedural</b>	Do some medical procedures under supervision.	
<b>PC, SBP, ICS, Prof.</b>	Demonstrate ability to effectively plan discharge and continuity care.	
<b>MK, SBP, PC, ICS</b>	Complete hospital discharge summaries accurately.	
<b>ICS, Prof</b>	Demonstrate ability to effectively communicate “hand-off” care and obtain informed consent and relate “bad news”.	
<b>MK, ICS, PBLI, Prof</b>	Practice and teach evidence-based medicine and demonstrate how to obtain appropriate medical information.	
<b>MK, PC, ICS, Prof</b>	Supervise and instruct students in their clinical work.	
<b>ICS and Prof</b>	Show appropriate skills as team player	
<b>ICS and Prof</b>	Give feedback to the team members concerning supervision and teaching at appropriate times.	
<b>Prof</b>	Complete all items on check list below for rotation credit and return checklist to the Transitional Year coordinator by the month’s end.	

**Inpatient Medicine Rotation Check List**

<b>Competency</b>	<b>Check List Item</b>	<b>Completed</b>
	45. Completed 1 Mini-CEX every rotation, supervised by the attending physician.	
	46. Discussed at least once discharge summary with the supervising resident.	
	47. Presented at least one case to the housestaff during Morning Report.	
	48. Directly supervised and provided feedback on at least one complete history and physical performed by the student on the team when applicable.	
	49. Completed assigned clinical activities, readings, and all items in goals and objectives.	
	50. Reviewed mid-month and end of rotation evaluation by the supervising faculty member.	
	51. Other	

Intern Signature \_\_\_\_\_ Date \_\_\_\_\_

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Faculty \_\_\_\_\_ Date \_\_\_\_\_

Revised 8/2006

# **Nephrology**

## **General Information**

During the rotation the transitional resident will be assigned to an attending physicians. They will be responsible for all initial evaluations of patients who are admitted to the service or inpatient consultations. Residents are expected to do a complete history and physical examination, and present the case to the attending emphasizing the differential diagnosis, medical problems and treatment regimen. Residents are then expected to follow all patients on the service daily. They are expected to see the patient prior to the attending, evaluate the patient, review the events of the prior 24 hours, and consider diagnostic and therapeutic options. They will see their patients in follow-up to maintain continuity of care. The transitional year resident is responsible for the comprehensive care of patients to include elicitation of a medical history, performance of a complete physical examination, use of appropriate technology, and the integration of this information in the diagnosis and management of disease.

The attending will round with the resident Monday through Friday (Saturday and Sunday optional). Aside from bedside didactics, the attendings will have didactic sessions a minimum of three times a week at which time assigned articles are reviewed or subjects are discussed.

Renal Clinic is held Tuesday afternoon every other week and the resident is expected to attend. The resident may also like to spend one to two afternoons per week seeing office patients with one of the nephrology attendings to gain a better appreciation for the broad spectrum of disease seen by the attendings.

## **Goals and Objectives**

For the resident to gain a broad knowledge base in renal disease, hypertension, electrolyte disorders and learn how to provide complete comprehensive care to these patients that are an integral part of the field of internal medicine.

## **Value to the Transitional Year Resident**

Renal diseases are common. These may be primary renal diseases, or might more likely be systemic diseases that have profound effects on the kidneys such as diabetes, vasculitides, atherosclerotic disease, etc. It is essential for the resident to be able to recognize, work-up, and treat common renal disorders including, but not limited to, nephrotic syndrome, electrolyte disorders, hematuria, acute renal insufficiency, and chronic renal failure. It is important for the general internist to understand the inter-relationship between systemic diseases and the kidney. This understanding will be important in possible prevention of progressive renal failure and the need for dialysis.

## **Principal Teaching Methods**

Bedside rounds will be conducted on all new admission, consultations and hospital follow-ups on a daily basis. The resident is encouraged to read independently on subjects encountered during these sessions. In addition, there will be didactic sessions at least three times a week by one of the attendings during which time articles will be reviewed or topics will be discussed. A suggested reading list is outlined in a subsequent section of this curriculum.

## **Educational Content**

- A. Topics covered: examples
  - a. Acid base and electrolytes disorders.
  - b. hypertension.
  - c. Hematuria.
  - d. Proteinuria.
  - e. Renal diseases including, but not limited to:
    - glomerulonephritis
    - interstitial nephritis
    - hereditary and congenital renal diseases-systemic diseases that involve the kidney
    - acute renal failure
    - chronic renal failure
    - kidney stones
    - renal transplantation
    - electrolyte and body fluid disorders
- B. Types of clinical encounters:  
Admissions, consultations, and follow-up visits on hospitalized patients; outpatient evaluations in patients in the Renal Clinic, outpatient evaluations of patients seen in the private attending's office (optional).

## **Components of the Physical Examination Stressed**

Because renal diseases affect multiple systems, a good and thorough general physical examination needs to be performed. Attention should be given to the volume status of the patient with assessment of neck veins, heart sounds (particularly S3) and peripheral edema, and careful assessment of vital signs looking for hypertension, fever, or rapid respirations (possibly indicating an acid base disorder). A survey of the skin and soft tissues looking for evidence of vascular disease or skin manifestations of vasculitides is important.

## **Procedures**

The resident may assist or observe placement of vascular access for dialysis and kidney biopsy.

## Reading

### A. Reading

#### Journal Articles

- 1) An Odyssey into the Milieu Interieur.- Pondering the Enigmas Schrier, R.W., M.D., *Journal of the American Society of Nephrology*, 1992; Vol.2: 1549-1559
- 2) Diagnostic Strategies in Disorders of Fluid, Electrolyte and Acid-Base Homeostasis, Narins, R.G., M.D., Jones, E.R., M.D., Stom, M.D., Rudnick, MR., M.D., Bastl, C.P., M.D., *The American Journal of Medicine*, 1982; Vol. 72: 496-519.
- 3) Simple and Mixed Acid-Base Disorders: A Practical Approach, Narins, R.G., M.D. 1, Emmett, M., M.D.2, *Medicine*, 1980; Vol. 59:161-187.
- 4) Management of Acute Hypercalcemia, Bilezikian, J.P., M.D., *The New England Journal of Medicine*, 1992; Vol. 326: 1196-1203.
- 5) Prerenal Failure: A Deleterious Shift From Renal Compensation To Decompensation, Badr, K.F., M.D., Ichikawa, L, M.D., *The New England Journal of Medicine*, 1988; Vol. 319: 632-629.
- 6) The Physiologic Basis of Diuretic Synergism: Its Role in Treating Diuretic Resistance, Ellison, D.H., M.D., *Annals of Internal Medicine*, 1991; Vol. 114: 886-894.
- 7) Early Management of Shock and Prophylaxis of Acute Renal Failure in Traumatic Rhabdomyolysis, Better, O.S., M.D., Stein, J.H., M.D., *The New England Journal of Medicine*, 1990; Vol. 322: 825-829.
- 8) The Multiple Organ Failure Syndrome, Cerra, Frank B., *Hospital Practice*, 1990; 169-176.
- 9) Interrelation of Humoral Factors, Hemodynamics, and Fluid and Salt Metabolism in Congestive Heart Failure: Effects of Extracorporeal Ultrafiltration, Marenzi, G., M.D., Grazi, S., M.D., Giraldi, F., M.D., Gianfranco, L., M.D., Giovanbattista, P., M.D., Alvioni, A., M.D., Guazzi, M., M.D., Ph.D., *The American Journal of Medicine*, 1993; Vol. 94: 49-56.
- 10) *Manual of Nephrology Diagnosis and Therapy*, Schrier, R.W., M.D., Third Edition, Little, Brown and Co., Boston, MA (Each resident is given a copy:) 1992.
- 11) *Textbook of Medicine* Standard Nephrology section

#### Nephrology Text:

1. *The Principle and Practice of Nephrology*, Jacobson, H.R.; Stricker, G.E.; and Klahr, S.J., 1991, 938 pages, B.C., Decker, Inc. Philadelphia.  
Comment: The best one volume text a user-friendly book to use with large print, much clinical relevance, and informative diagrams and tables.
2. *The Kidney*, Brenner, B.M., Rector, F.C., Fourth Edition, 1991, W.B. Sanders Co., Philadelphia, PA, 2 volumes 2548 pages.

#### Other:

1. *Renal and Electrolyte Disorders*, Schrier, R.W., M.D., Fourth

- Edition, 1992, Little, Brown and Co., Boston, MA.  
2. *MKSAP Nephrology and Hypertension*, ACP, 1994.

Review Articles MKSAP Nephrology Reprint Collection

## **Required Presentations**

While there is one required presentation residents are encouraged to participate in research and prepare studies for resident research day or prepare articles for publication. Over the years several publications have been made by medical residents with the help of renal attendings.

A nephrologist is usually present in morning report several days a week. The residents are also encouraged to use topics seen on rounds for the morning resident presentations.

## **Call Responsibility**

There is no call responsibility particular to this rotation. On weekend days the resident will round on the renal patients and go over the patients with the renal attending.

**ACGME Definition of Meaningful Patient Responsibility** Yes.

## **Bioethical Issues**

End of life issues and quality of life issues commonly come up during the renal rotation. Discussions on the appropriateness of initiating dialysis or alternatively terminating dialysis will be discussed.

## **Occupational/Environmental Issues**

Occupational exposures in the dialysis unit to blood born pathogens such as hepatitis B and FHV. Environmental/Nosocomial or iatrogenic causes of renal disease will be considered including the use of contrast dyes, drug induced renal disease due to direct toxic effects such as gentamici, due to reactions such as beta-lactam antibiotics or due to changes in renal hemodynamics such as ACE inhibitors. Post-streptococcal glomerulonephritis or other infections associated with renal disease.

## **Evaluation Methods**

The primary method will be direct observation of performance. The attending will evaluate the resident mid month and at the end of the month and will fill out the standard evaluation form with the resident.

A written evaluation will be performed by the attending at the completion of the rotation. A verbal evaluation will be given by the attending during the rotation. The evaluation will be based on fulfillment of rotation requirements and observations by the attending physicians. The resident will evaluate the rotation and attending which will be kept confidential and shared with the attending faculty maintaining confidentiality.

Updated April 2006

### Nephrology Rotation Check List

1. Evaluation reviewed at mid-month and end of rotation by the supervising faculty member and resident. \_\_\_\_\_
2. Completed assigned readings to include MKSAP (Medical Knowledge Self-Assessment Program XIII – Nephrology section including question and answer section.) \_\_\_\_\_
3. Attended all assigned clinical activities (excluding scheduled time away, required clinics and emergencies). \_\_\_\_\_
4. Completed required case report abstracts and/or posters assigned by the supervising faculty member. \_\_\_\_\_
5. Demonstrated understanding of the basic principals of the diagnostic work-up and therapeutic management of acute and chronic renal failure. \_\_\_\_\_

Complete Noon Conference or Morning Report presentation

Other \_\_\_\_\_

Intern/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Faculty \_\_\_\_\_ Date \_\_\_\_\_

All items must be completed for rotation credit and checklist returned to the Transitional Year coordinator by the month's end.

## TRANSITIONAL YEAR RESIDENCY COMPETENCY-BASED EDUCATIONAL GOALS AND OBJECTIVES Neurology Rotation

### ACGME General Competency Areas

Abbreviation	Description
<b>MK</b>	<b>Medical Knowledge</b>
<b>PC</b>	<b>Patient Care</b>
<b>ICS</b>	<b>Interpersonal and Communication Skills</b>
<b>PBLI</b>	<b>Practice-Based Learning and Improvement</b>
<b>Prof</b>	<b>Professionalism</b>
<b>SBP</b>	<b>Systems-Based Practice</b>
<b>Proc</b>	<b>Procedures</b>

### Educational Purpose

Residents commonly encounter patients with various neurological disorders including those related to changes in strength, sensation and movement. The basis of diagnosing neurological disorders is a careful, comprehensive history and physical exam. Neurologic disorders commonly illustrate the deleterious effects of alcohol excess trauma and nutritional deficiencies. Various occupational and environmental toxic exposures can cause neurological disorders. Ethical issues involving continuation and intensity of care are routinely encountered in the care of the comatose patient.

### Teaching Methods

**The transitional year resident is responsible for the comprehensive care of patients to include elicitation of a medical history, performance of a complete physical examination, use of appropriate technology, and the integration of this information in the diagnosis and management of disease.**

Residents interact daily with the attending in their private offices and during patient rounds. Residents also have regular didactic sessions with the supervising attending on assigned topics as well as those encountered during patient rounds. Self-directed reading is expected on those topics encountered by the resident. The attending neurologist observes and critiques the resident while undergoing history and exam during both inpatient and outpatient settings.

### Diseases Mix and Topics Emphasized

- A. Mastering the neurologic examination.
- B. Determining whether a neurologic problem is located in the neuroaxis or periphery.
- C. Distinguishing acute and subacute CNS conditions from chronic problems.
- D. Evaluation and management of cerebrovascular disease.
- E. Seizure disorders including status epilepticus, etiology and treatment.
- F. Evaluation and management of coma.
- G. Acute encephalopathy.
- H. Central nervous systems infections including meningitis, encephalitis and abscess.
- I. Neurologic complications of cancer, both local and systemic.
- J. Guillian-Barre' Syndrome
- K. Acute spinal cord syndromes including transverse myelitis and cord compression.

- L. Acute and subacute neuromuscular disorders.
- M. Syncope.
- N. Headache, including migraine and chronic daily headache.
- O. Proper use of neurological imaging and other diagnostic modalities.
- P. Evaluation of dementia.
- Q. Multiple sclerosis.
- R. Back and neck pain.
- S. "The Dizzy Patient".
- T. Sleep disorders.

### **Patient Characteristics and Types of Clinical Encounters**

Patients evaluated on the neurology rotation range from adolescent to geriatric. Disorders may be subtle and slowly progressive, stable and inactive or acute and life threatening. Patients from all socioeconomic categories are encountered. Types of clinical encounters include inpatient and outpatient consultation as well as follow-up of chronic neurologic conditions. Patients are supervised by the faculty neurologist through joint inpatient consultations. The resident assists with the evaluation and management of patients in the private neurologist's office as well as in the resident neurology clinic, both supervised by on-site faculty neurologists. The crucial role of health care team members, particularly those involved in neurological imaging and diagnostic procedures as well as those providing rehabilitative services, is recognized daily.

### **Procedures and Services**

Residents will be exposed to the proper utilization of EEGs, electromyography and nerve conduction studies, muscle and nerve biopsy and interpretation of spinal fluid studies.

### **Reading List**

#### **A. Encephalopathy**

1. Becker K, Ulatowski J. Disorders of consciousness and equilibrium: The comatose patient. *Current Therapy in Neurologic Disease*. 1-4.
2. Practice parameters for determining brain death in adults. *Neurology* 1995;45:1012-1014.
3. Booth C, Boone R, Tomlinson G, et al. Is this patient dead, vegetative or severely neurologically impaired? Assessing outcome for comatose survivors of cardiac arrest. *JAMA* 2004; 291(7):870-879.
4. Levy D, Caronna J, Singer B, et al. Predicting outcome from hypoxic-ischemic coma. *JAMA* 1995;253;10:1420-1426.
5. Mangano D, Mangano C. Perioperative stroke; ecephalopathy and central nervous system dysfunction. *J Intensive Care Med* 1997;12:148-160.

#### **B. Stroke**

1. Adams H, Adams R, Brott T, et al. Guidelines for the early management of patients with ischemic stroke: A scientific statement from the Stroke Council of the American Stroke Association. *Stroke* 2003;34:1056-1083.
2. Straus S, Majumdar S, McAlister E. New evidence for stroke prevention: Scientific Review *JAMA* 2002;288(11):1388-1395.
3. Straus S, Majumdar S, McAlister E. New evidence for stroke prevention: Clinical Applications. *JAMA* 2002;288(11):1396-1398.
4. Donnan G, David S. Controversies in stroke. *Stroke* 2002;33:2137-2140.

5. Adams H. Patent foramen ovale: paradoxical embolism and paradoxical data. *Mayo Clin Proc* 2004;79:15-20.
  6. Horton S, Bunch T. Patent foramen ovale and stroke. *Mayo Clin Proc.* 2004;79:79-88.
  7. Hiott B, Lentz S. Prothrombotic states that predispose to stroke. *Current Treatment Options in Neurology* 2002;4:417-425.
  8. Muir K. Secondary prevention for stroke and transient ischaemic attacks. *BMJ* 2004;328:297-298.
  9. Hemphill C. Acute management of intracerebral hemorrhage. *Stroke Rounds* 2003;1(4).
- C. Seizure
1. Manno E. New management strategies in the treatment of status epilepticus. *Mayo Clin Proc* 2003;78:508-518.
  2. Herman S. Single unprovoked seizures. *Current Treatment Option in Neurology* 2004;6:243-255.
  3. Kaufmann H, Bhattacharya K. Diagnosis and treatment of neurally mediated syncope. *The Neurologist* 2002;8:175-185.
- D. Headache
1. Diamond M. Emergency room treatment of migraine headache. *Current Treatment Options in Neurology* 2002;4:351-356.
  2. Lucas S. Initial abortive treatments for migraine headache. *Current Treatment Options in Neurology* 2002;4:343-350.
  3. Wheeler S. Antiepileptic drug therapy in migraine headache. *Current Treatment Options in Neurology* 2002;4:383-394.
  4. Moore K. Management of chronic headache in the era of managed care. *The Neurologist* 1997;3:209-240.
- E. Dementia
1. Petersen R. Mild Cognitive Impairment.
  2. Corey-Bloom J. Alzheimer's Disease.
  3. Knopman D. Vascular Dementia.
- F. Neuromuscular Disease
1. Bromberg M, Smith AG. Toward an efficient method to evaluate peripheral neuropathies. *J Clin Neuromus Dis* 2002;3:172-182.
  2. Smith AG, Bromberg M. A rational diagnostic approach to peripheral neuropathy. *J Clin Neuromus Dis* 2003;4:190-198.
  3. Al-Shekhlee A, Chelimsky T, Preston D. Review: small fiber neuropathy. *The Neurologist* 2002;8:237-253.
  4. Van der Meche F, Van Doorn P. Guillain-Barre Syndrome. *Current Treatment Options in Neurology* 2000;2:507-516.
  5. Briemberg H, Amato A. Dermatomyositis and polymyositis. *Current Treatment Options in Neurology* 2003;5:349-356.
  6. Bolton C, Young GB. Critical illness polyneuropathy. *Current Treatment Options in Neurology* 2000;2:489-498.
  7. Diagnosis of cervical root and peripheral nerve lesions affecting the arm.
  8. Nerve root and peripheral nerve lesions affecting the leg.
  9. Keesey J. Clinical evaluation and management of myasthenia gravis. *Muscle Nerve* 2004;29:484-505.
- G. Multiple Sclerosis

1. O’Conner P. Key issues in the diagnosis and treatment of multiple sclerosis. *Neurology* 2002;59(6)(3):1-33.
- H. Encephalitis/Meningitis
1. Acute Bacterial Meningitis
- I. Movement Disorders
1. Suchowersky O, Furtado S. Parkinson’s Disease: Etiology and Treatment.
  2. Margery M. Tremor Disorders.
  3. Horn S. Drug-Induced Movement Disorders.
  4. Bertoni J, Prendes J, Sprenkle P. Long-term medical treatment for Parkinson’s Disease. *Current Treatment Options in Neurology* 2001;3:495-506.
  5. Rubino F. Gait Disorders. *The Neurologist* 2002;8;254-262.

### Pathological Material

Residents are encouraged to review results of all biopsies performed on patients for whom they have consulted.

### Evaluation of Resident Performance

Prior to the rotation, both resident and faculty will receive a copy of the goals and objectives. The primary method will be direct observation of performance. The resident on the rotation is evaluated continuously by the faculty as residents evaluate and present to the attending physician. The attending will evaluate the resident mid month and at the end of the month and will fill out the standard evaluation form with the resident. A written evaluation will be performed by the attending at the completion of the rotation. A verbal evaluation will be given by the attending during the rotation. The evaluation will be based on fulfillment of rotation requirements and observations by the attending physicians. The resident will evaluate the rotation and attending anonymously using new innovations which will be kept confidential and shared with the attending faculty maintaining anonymity.

Residents will be expected to attend all assigned clinic sessions, complete assigned readings, demonstrate satisfactory competence by performing a detailed neurologic examination, and demonstrate acceptable skill in the appropriate selection of studies to evaluate neurologic conditions. Attending neurologists will complete an end of the month evaluation form with the resident.

### Goals and Objectives of the Neurology Rotation

At the end of the service month transitional year interns should be able to:

Competency	Description Goals/Objectives to be met	Completed
<b>MK, PC, ICS, PBLI, SBP, and Prof</b>	Demonstrate competence in history taking and physical examination and/or completing a consultation note.	
<b>MK, PC, ICS, PBLI, and SBP</b>	Demonstrate discussion and recommendations for the differential diagnosis, appropriate diagnostic testing and cost-effective management.	
<b>MK, PC, PBLI, ICS</b>	Demonstrate satisfactory skill in the performance of a detailed neurologic examination.	

<b>MK, PC, PBLI ICS</b>	Demonstrate satisfactory skill in performing the neurologic examination of the comatose patient.	
<b>MK, SBP, ICS</b>	Demonstrate satisfactory understanding of the criteria for diagnosing brain death (review Erlanger Policy).	
<b>MK, PC, SBP, ICS, Prof., Procedural</b>	Do medical procedures if available under supervision.	
<b>ICS, Prof</b>	Demonstrate ability to effectively communicate care to the primary team, obtain informed consent and relate “bad news”	
<b>MK, ICS, PBLI Prof</b>	Practice and teach evidence-based medicine and demonstrate how to obtain appropriate medical information.	
<b>MK, PC, ICS, Prof</b>	Supervise and teach students on the team if present.	
<b>ICS and Prof</b>	Show appropriate skills as team player	
<b>ICS and Prof</b>	Give feedback to the team members concerning supervision and teaching at appropriate times.	
<b>Prof</b>	Complete all items on checklist below for rotation credit and return checklist to the Transitional Year coordinator by the month’s end.	

## Goals and Objectives of the Neurology Rotation

At the end of the service month transitional year interns should be able to:

Competency	Description Goals/Objectives to be met	Completed
<b>MK, PC, ICS, PBLI, SBP, and Prof</b>	Demonstrate competence in history taking and physical examination and/or completing a consultation note.	
<b>MK, PC, ICS, PBLI, and SBP</b>	Demonstrate discussion and recommendations for the differential diagnosis, appropriate diagnostic testing and cost-effective management.	
<b>MK, PC, PBLI, ICS</b>	Demonstrate satisfactory skill in the performance of a detailed neurologic examination.	
<b>MK, PC, PBLI ICS</b>	Demonstrate satisfactory skill in performing the neurologic examination of the comatose patient.	
<b>MK, SBP, ICS</b>	Demonstrate satisfactory understanding of the criteria for diagnosing brain death (review Erlanger Policy).	
<b>MK, PC, SBP, ICS, Prof., Procedural</b>	Do medical procedures if available under supervision.	
<b>ICS, Prof</b>	Demonstrate ability to effectively communicate care to the primary team, obtain informed consent and relate "bad news"	
<b>MK, ICS, PBLI Prof</b>	Practice and teach evidence-based medicine and demonstrate how to obtain appropriate medical information.	
<b>MK, PC, ICS, Prof</b>	Supervise and teach students on the team if present.	
<b>ICS and Prof</b>	Show appropriate skills as team player	
<b>ICS and Prof</b>	Give feedback to the team members concerning supervision and teaching at appropriate times.	
<b>Prof</b>	Complete all items on checklist below for rotation credit and return checklist to the Transitional Year coordinator by the month's end.	

**Neurology Rotation Check List**

<b>Competency</b>	<b>Check List Item</b>	<b>Completed</b>
<b>ICS and Prof</b>	52. Reviewed evaluation at mid and end of month with supervising faculty member and resident.	
<b>PC, PBLI, and Prof</b>	53. Attended all assigned clinical activities, assigned readings, and all items in goals and objectives.	
<b>MK, ICS, PBLI, and Prof</b>	54. Completed required case report abstracts and/or posters assigned by the supervising faculty member.	
<b>MK, ICS, PBLI, and Prof</b>	55. Successful completion of Morning Report or Noon Conference presentation.	
	56. Other	

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Faculty \_\_\_\_\_ Date \_\_\_\_\_

Revised 8/2006

## **Night Float Rotation**

### **Educational Purpose**

Residents, whether practicing in traditional internal medicine practices or in exclusive inpatient or outpatient settings, must acquire expertise in the safe transfer of care between physicians. Medical urgencies and emergencies occur at any hour. Participating in a night float rotation provides a practical experience in the importance of systems designed for safe, effective patient care and provider health. The night float team consists of one senior resident and one intern working five nights weekly from 7:30 PM to 7:00 AM. During that time, the team evaluates and initiates care for all internal medicine patients admitted to the teaching service and provides inpatient coverage to the four internal medicine teaching services. During the night float rotation, residents receive an intense exposure to the acute problems developing in hospitalized patients. Patients present with varied socioeconomic and cultural backgrounds. The residents on this rotation are often required to initiate discussions about end of life care and to evaluate occupational and environmental contributors to a presenting illness.

### **Teaching Methods**

The transitional year resident is responsible for the comprehensive care of patients to include elicitation of a medical history, performance of a complete physical examination, use of appropriate technology, and the integration of this information in the diagnosis and management of disease. The senior resident provides substantial teaching to the intern as patients are encountered. A faculty member meets with the night float team each morning to review patient care situations, the team's response and provide instruction. The night float residents receive feedback on their care from the ward teams, from presentations at Morning Report conferences and from the supervising faculty member.

### **Disease Mix**

Residents on the night float rotation encounter disorders spanning the entire range of those encountered on a busy general internal medicine service including both physical and psychological disorders. The patients admitted by the night float residents are almost always presenting with acute emergent conditions and range from teens to the elderly.

### **Types of Clinical Encounters**

Residents provide care only for inpatients during the month. The resident does not attend his/her outpatient continuity clinic during the month. Resident supervision is provided by a supervising faculty member who meets with the team daily. Assistance is available from the on-call faculty attending physician for that calendar day. The residents on this rotation are intensively aware of the close coordination needed between the emergency department and inpatient physicians as well as the critical role provided by nurses, respiratory therapists, patient care technicians and ward personnel in the management of the hospitalized patient.

## **Procedures and Services**

During this rotation, residents have the opportunity to perform multiple procedures including central line placement, thoracentesis, paracentesis, lumbar puncture, arthrocentesis, NG tube placement, arterial punctures, and ventilator management.

## **Required Reading List**

Per case encounters,  
Use of UpToDate, Poisonsindex, Micromedex

## **Pathological Material and Other Educational Resources**

Resident are encouraged to review the results of biopsy materials obtained from the patients that they admit or to whom they provide care during the hospitalization. The UptoDate Software program is available in the Resident Reading Room on the 7<sup>th</sup> floor as well as on two workstations in the Medical Library on the 2<sup>nd</sup> floor. Residents are expected to consult UpToDate as well as PubMed and national guidelines for the most recent evidence-based recommendation for care of that patient's particular condition.

## **Method of Evaluation of Intern Performance**

- A. During the night float month, interns should develop the ability to:
1. Write appropriate admission orders.
  2. Order appropriate diagnostic testing.
  3. Prioritize and address acute patient care issues.
  4. Request consultations appropriately.
  5. Request assistance from the resident and attending appropriately.
  6. Perform medical procedures under supervision.
  7. Lead medical codes under supervision.
- B. By the completion of the rotation, the resident should evaluate the intern in the following skills:
1. Writing hospital admission orders.
  2. Ordering tests and planning treatment strategies appropriately.
  3. Completing at least two required procedures under supervision.
  4. Leading at least one medical code under supervision.
  5. Present at least once during Morning Report.
  6. Demonstrate satisfactory ability to triage and prioritize patient care.

The supervising faculty member completes an end of month evaluation on the resident. The intern and resident on the service both evaluate each other. The intern and resident also provide written evaluations that are included in that resident file. Indirect evaluation is provided by the inpatient service teams as they review the care provided by the night float team.

Updated April 2006

**Night Float Rotation Intern Check List**

1. Ability to write appropriate hospital admission orders. \_\_\_\_\_
2. Ability to order tests and plan treatment strategies appropriately. \_\_\_\_\_
3. Complete at least two required procedures under supervision. \_\_\_\_\_
4. Participate in at least one medical code. \_\_\_\_\_
5. Present at least one case during Morning Report. \_\_\_\_\_
6. Demonstrated satisfactory ability to triage and prioritize patient care. \_\_\_\_\_
7. Reviewed mid-month and end of rotation evaluation by the supervising faculty member. \_\_\_\_\_
8. Other \_\_\_\_\_

Intern Signature \_\_\_\_\_ Date \_\_\_\_\_

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Faculty \_\_\_\_\_ Date \_\_\_\_\_

All items must be completed for rotation credit and checklist returned to the Transitional Year coordinator by the month's end.

## **OBSTETRICS AND GYNECOLOGY ROTATION**

### **General Information**

- a. The Obstetrics and Gynecology rotation is designed to familiarize the resident with the management of obstetric patients during pregnancy, delivery and post partum. Furthermore, the resident will become familiarized with surgical and non-surgical care of gynecology patients.
- b. The OB/GYN rotation is in part hospital based and in part involves following the patients in OB/GYN clinic. Furthermore, residents will attend morning reports with OB/GYN faculty and regularly scheduled weekly didactic lecture series.

### **Goals and Objectives**

The objectives of the OB/GYN rotation are to familiarize the resident with those aspects of obstetrics and gynecology that relates to the care of female patients within any other specialty. The primary goal of the rotation is to enhance the resident's ability to diagnose, provide cost effective treatment and understand the pathophysiology of pregnancy and gynecologic disorders as well as recommend appropriate referral for specialty care.

Specific goals that will be addressed during the rotation are:

1. Improve examination of obstetric and gynecology patients.
2. Learn basic principals of fetus as a patient.
3. Strengthen diagnostic and management skills in obstetrics patients as well as patients with common gynecologic disorders.
4. Improve understanding of ultrasound examination of the fetus and ultrasound examination of the female pelvis.
5. Understand risk screening of pregnant patients as well as risk screening of adolescents, young women, and elderly female population.
6. Improve understanding of the indications for special gynecology exams such as Pap smears, colposcopy, and breast examinations.
7. Improve understanding of risk screening for obstetric patients such as utility of maternal serum alpha fetoprotein testing, screening ultrasound examinations, screening for infectious disorders such as HIV and Hepatitis B, genetic screening and gestational diabetes screening.

## **Value to the Transitional Year Resident**

- a. Transitional year residents should be comfortable with the diagnosis and management of common obstetric patients and other female patients in virtually any specialty career they may choose.
- b. Transitional year residents should be familiar with the basics of technologies available for the care of pregnant patients, as well as non-pregnant female patients.

## **Principal Teaching Methods**

- a. The residents will evaluate patients in the clinic and in the hospital, and later formally review those patients with the OB/GYN residents and attending obstetrician-gynecologist.
- b. The resident will interpret fetal ultrasound and electronic heart rate monitoring on a daily basis and perform a minimal of 5 ultrasound examinations per month. These will be reviewed in detail by the attending perinatologist or his designee.
- c. A daily morning report with OB/GYN residents and faculty and weekly didactic sessions three hours per week are conducted and attendance is required for all residents rotating in OB/GYN.

## **Educational Content**

### **a. General Goals:**

1. Review of the pathophysiology and natural history of encountered gynecologic disorders.
2. Review of the pathophysiology and natural history of normal and abnormal obstetric patients.
3. Clinical assessment using history, physical examination and laboratory data in obstetric and gynecologic patients.
4. Review and/or interpretation of fetal ultrasound examination, female pelvic ultrasound examination, as well as fetal heart rate monitoring studies.

5. Develop appropriate and cost effective outpatient management of gynecologic patients based on the above parameters and established clinical guidelines.
- b. **Clinical Experience:** Emphasis will be placed on the following patient scenarios:
1. Diagnosis and management of common gynecological complaints such as bleeding, pelvic pain, and female infections.
  2. Management of pregnant patients throughout the pregnancy, in labor and in postpartum period.
  3. Diagnosis and management of pelvic inflammatory disease, ectopic pregnancy and gynecologic oncology patients.
  4. Recognition and treatment of at-risk pregnancies such as diabetic patients, preeclampsia, and other medical and surgical complications of pregnancy.
  5. Workup of patients presenting with gynecologic symptoms.
  6. History, physical, and risk assessment of prenatal patients.
  7. Diagnosis and management of patients with female endocrinologic disorders.
  8. Indications of obstetric patients at risk for maternal and fetal complications.
  9. Consultation and management of patients who desire contraception.

### **Components of the Physical Exam Stressed**

- a. A visual and manual pelvic examination and breast examination.
- b. Transvaginal gynecologic ultrasound examination.
- c. Transvaginal and transabdominal fetal ultrasound examination
- d. Examination of patient in labor.
- e. Examination of patient in post partum period and post-gynecologic surgery period.

## **Procedures**

- a. Pap Smears, colposcopy examination, vaginal and abdominal ultrasound examination.
- b. Fetal heart rate monitoring in labor and interpretation.
- c. Following the course of labor and performance of spontaneous vaginal deliveries with supervision of obstetric attending or designee.

## **Reading**

1. Gabbe: Obstetrics Normal and Problem Pregnancies, 4<sup>th</sup> Edition (2001)
2. Stenchever: Comprehensive Gynecology, 4<sup>th</sup> Edition (2001)

**Required Presentation:** As instructed by faculty.

## **Call Responsibility**

The resident is assigned to call (averaging not more frequent than every third night/6 per month). The resident will be under the direct supervision of a senior OB/GYN resident and in-house faculty member.

**ACGME Definition of Meaningful Patient Responsibility.** Yes

## **Evaluations**

There is a standard evaluation form that is used in the evaluation of the physician for this rotation.

The primary method will be direct observation of performance. The attending will evaluate the resident mid month and at the end of the month and will fill out the standard evaluation form with the resident.

A written evaluation will be performed by the attending at the completion of the rotation. A verbal evaluation will be given by the attending during the rotation.

The evaluation will be based on fulfillment of rotation requirements and observations by the attending physicians. The resident will evaluate the rotation and attending which will be kept confidential and shared with the attending faculty maintaining confidentiality.

Updated April 2006

## **Oncology**

### **General Information**

Transitional year residents may select to spend the entire month in Hematology or Oncology or to combine the two. If the resident chooses to combine the two subspecialties, vacation time should not be used during the elective. Residents will be taught the general principles of Hematology and Oncology with emphasis determined by the type of rotation selected. Involvement in the care of hospitalized patients and outpatients seen during clinic visits will be required and emphasis will be placed on situations that may occur in a general internal medicine practice.

### **Educational Purpose and Goals**

The primary goal of this rotation will be to provide the general internist a basis for the diagnostic evaluation and the initial management of patients with oncologic conditions. The basic pathophysiology of disease principles and the complications of treatment will be highlighted.

Residents will have knowledge of patterns of spread and prognoses of common tumor types. They will also know the general treatment options (surgery, radiation therapy, chemotherapy) that are effective in specific clinical situations and they should also be comfortable with palliative methods for these patients.

The resident will be involved in discussions with patients and their families with the goal of avoiding aggressive life support methods in patients whose quality of life is no longer satisfactory to them.

The resident will participate in discussion of the value of treatments with excessive toxicity where the only reasonable goal is prolongation of life by a few months.

Residents will be exposed to information regarding environmental toxins predisposing to other hematological or neoplastic disorders, including chemotherapy and cigarette smoking.

### **Principal Teaching Methods**

The resident will evaluate inpatients and outpatients and participate in decisions about appropriate management. The resident will attend tumor clinic weekly and will prepare abstracts for the weekly tumor board. Self-study of assigned readings will prepare the resident to participate effectively in discussions concerning managing oncologic problems.

The transitional year resident is responsible for the comprehensive care of patients to include elicitation of a medical history, performance of a complete physical examination, use of appropriate technology, and the integration of this information in the diagnosis and management of disease.

## Mix of Diseases

### A. Topics Covered

1. Review of the pathophysiology and natural history of commonly encountered oncologic disorders.
2. Clinical assessment using history, physical examination and appropriate laboratory, radiographic and pathologic evaluation to evaluate oncologic problems.

### B. Clinical Experiences: Emphasis will be placed on the following patient scenarios:

1. Work-up and staging of a patient with lymphoma.
2. Prompt diagnosis and treatment of a patient with spinal cord compression.
3. Evaluation and treatment of a patient with osseous metastases including pain control and referral for radiation therapy.
4. Management of a patient presenting with fever and neutropenia.
5. Counseling a young woman with a family history of breast cancer.
6. Participating in a discussion with a patient and family who is, considering "no code" or "palliative care only" status.
7. Staging a patient with Clinical Stage 3 lung cancer.
8. Management of a patient with chronic pain including side effects of narcotics.
9. Diagnosis and management of a patient with brain metastases.
10. Evaluation and management of nausea in a cancer patient.

## Patient Characteristics and Clinical Encounters

The rotation has been designed to include significant outpatient and inpatient oncologic problems and management situations. Residents will participate in the "staging" of newly diagnosed malignancies, therapeutic administration of chemotherapy regimens and post-treatment surveillance for cancer survivors. Inpatients requiring oncologic consultations and those with complications from their malignancy and/or its treatment will be evaluated and managed by the resident under supervision.

All aspects of a general medical exam are important. Exam of liver, spleen and lymph node areas will be stressed.

## Procedures

The resident will have an opportunity to performed bone marrow aspiration and biopsy, if desired.

## Reading List

The following are required reading during the oncology rotation:

1. MKSAP 13, Oncology Section.
2. Chute JP, Chen T, et al. Twenty Years of Phase III Trials for Patients with Extensive Stage Small Cell Lung Cancer: Perceptible Progress. *Journal of Clinical Oncology* 1998;17:1794-1801.
3. Hainsworth JD, Greco FA. Treatment of Patients with Cancer of Unknown Primary Site. *NEJM* 1993;329:257.
4. Coblieghm Vogel CL, et al. Multi-Institutional Study of Efficacy and Safety of Humanized

Anti-HER2 Monoclonal Antibody in Women with HER2 Overexpressing Metastatic Breast Cancer that has Progressed After Chemotherapy for Metastatic Disease. *Journal of Clinical Oncology* 1999;12:2639.

5. Theriault Lipton, A, et al. Pamidronate Reduces Skeletal Morbidity in Women with Advanced Breast Cancer and Lytic Bone Lesions. *Journal of Clinical Oncology* 1999;17: 846-854.

#### Supplemental Reading

1. Cancer: *Principles and Practice of Oncology*; Vincent De Vita, Samuel Hellman and Steven Rosgenburg. The 5th edition is the most recent publication and should serve as the primary supplemented reference for reading.
2. *Diseases of the Breast*; J.R. Harris, Mark E. Lipman, Monica Morrow and Samuel Hellman. This is an excellent resource for evaluation and management of breast cancer.

### Pathological Material

Residents are expected to review the pathological material available for patients undergoing initial evaluations and staging. In addition, residents are expected to assist when assigned with the weekly Tumor Board conference preparations.

### Evaluation of Resident Performance

The resident on the oncology rotation is evaluated continuously by the faculty oncologist as they present patients. Residents receive a verbal mid-month and written end-of-month evaluation by the attending oncologist. Specific items included on the checklist for rotation completion must be fulfilled satisfactorily.

### Supervision

The oncology attending conducts inpatient rounds with the resident daily and evaluates the comments and recommendations of the resident. During ambulatory clinic sessions, all patient care suggestions are reviewed with the faculty oncologist or faculty internist on site.

### Teaching Rounds and Conferences

- A. Daily resident morning conferences.
- B. Daily resident noon conferences.
- C. Weekly Tumor Board.
- D. Daily inpatient attending rounds.

### Requirements of Oncology Rotation Completion

1. Evaluation reviewed at mid-month and end-of-rotation by the supervising faculty member and resident.
2. Completed assigned readings to include MKSAP XIII (Medical Knowledge Self-Assessment Program XIII – Oncology Section including question and answer section).
3. Attended all assigned clinical activities (excluding scheduled time away, required clinics and emergencies).

Completed required case report abstracts and/or posters assigned by the supervising faculty member.

4. Demonstrated understanding of the current cancer screening guidelines for the following: breast, cervix, colon and prostate.

5. Understand the recognition, diagnostic work-up and management of neutropenic fever.
6. Demonstrated understanding of the side effects and complications of commonly used chemotherapeutic agents.

Updated April 2006

## Oncology Rotation Check List

1. Evaluation reviewed at mid-month and end of rotation by the supervising faculty member and resident. \_\_\_\_\_
2. Completed assigned readings to include MKSAP (Medical Knowledge Self-Assessment Program XIII – Oncology Section including question and answer section). \_\_\_\_\_
3. Attended all assigned clinical activities (excluding scheduled time away, required clinics and emergencies). \_\_\_\_\_
4. Completed required case report abstracts and/or posters assigned by the supervising faculty member. \_\_\_\_\_
5. Demonstrated understanding of the current cancer screening guidelines for the following: breast, cervix, colon and prostate. \_\_\_\_\_
6. Understand the recognition, diagnostic work-up and management of neutropenic fever. \_\_\_\_\_
7. Demonstrated understanding of the side effects and complications of commonly used chemotherapeutic agents. \_\_\_\_\_
8. Complete Noon Conference or Morning Report presentation
9. Other \_\_\_\_\_

Intern Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Faculty \_\_\_\_\_ Date \_\_\_\_\_

All items must be completed for rotation credit and checklist returned to the Transitional Year coordinator by the month's end.

## **Pathology**

### **General Information**

The Pathology rotation will provide the transitional year resident with a broad overview of clinical pathology, laboratory diagnosis, blood banking procedures and gross pathology. The resident is also encouraged to review general organ pathology in areas of specific interest with the assistance of a staff pathologist.

### **Goals and Objectives**

The goal of this rotation is to integrate the role of clinical medicine and clinical pathology in total patient care.

### **Value to the Resident**

This rotation should allow the resident to understand the pathologist's contribution to disease diagnosis. A better understanding of the interpretation of clinical pathological laboratory studies would result. The utility of various clinical diagnostic testing procedures continues to evolve and provides the resident with new methods for diagnosis.

### **Principal Teaching Methods**

Directly working with the pathologist daily on assigned topics, the resident will be exposed to the broad array of testing and diagnostic facilities provided by the pathologist.

### **Educational Content**

The resident will be exposed to clinical as well as surgical pathology experiencing frozen section and autopsy preparation, the basics of pap smear interpretation and reporting, bone marrow reviews, aspiration cytology, biopsy interpretation, pathologic slide interpretation, toxicology screens, tumor marker interpretation, microbiology lab overview, and blood banking techniques. Although it may not be possible for the resident to complete all of these tasks in a single month, at the beginning of the rotation the resident will work with the pathologist to decide in which areas to participate.

### **Components of the Physical Exam Stressed**

None, though integration with the clinical patient data will be stressed.

### **Procedures**

Include those typically performed in a pathology department such as bone marrow collection, frozen section processing, and cytologic preparation.

### **Reading**

1. Assigned readings by faculty.
2. Blood transfusion reactions from UpToDate
3. Interpretation of the normal and abnormal Papanicolaou smear from UpToDate
4. Evaluation of paraproteinemias from UpToDate

### **Required Presentations**

The resident will assist in the weekly Friday Noon Tumor Board Conference.  
Resident will be required to present a case for the CPC Conference at Morning Report.

### **Call Responsibility**

The resident will be expected to attend all autopsies.

### **ACGME Definition of Meaningful Patient Responsibility**

Pathology does not qualify.

### **Bioethical Issues**

Principles of patient confidentiality in patient where ethical issues will be discussed.

### **Occupational/Environmental Issues**

Disposal of potentially hazardous materials will be discussed as well as recycling of various fixatives and chemicals. Occupational exposures unique to the pathologist will also be reviewed.

### **Evaluation Method**

The primary method will be direct observation of performance. The attending will evaluate the resident mid month and at the end of the month and will fill out the standard evaluation form with the resident.

At the completion of the rotation, the attending will perform a written evaluation. A verbal evaluation will be given by the attending during the rotation. The attending physicians will base the evaluation on fulfillment of rotation requirements and observations. The resident will evaluate the rotation and attending which will be kept confidential and shared with the attending faculty maintaining confidentiality.

(Updated April 2006)

### Pathology Rotation Check List

1. Evaluation reviewed at mid-month and end of rotation by the supervising faculty member and resident. \_\_\_\_\_
2. Completed assigned readings. \_\_\_\_\_
3. Attended all assigned clinical activities (excluding scheduled time away, required clinics and emergencies). \_\_\_\_\_
4. Completed required case report abstracts and/or posters assigned by the supervising faculty member. \_\_\_\_\_
5. Successful completion of required morning report presentation. \_\_\_\_\_
6. Attend GYN Oncology Conference two times per month on Tuesdays at 7:30 AM \_\_\_\_\_
7. Attend Tumor Board Conferences on Friday's at Noon \_\_\_\_\_
8. Successful completion of presentation on Clinical Laboratory Test and related topics to the Department of Pathology \_\_\_\_\_

Intern Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Faculty \_\_\_\_\_ Date \_\_\_\_\_

All items must be completed for rotation credit and checklist returned to the Transitional year Coordinator by the month's end.

## Pediatric Emergency Medicine Rotation Goals & Objectives

### Goals/Description:

To provide an educational experience that will prepare residents to become competent general pediatricians by exposure to acutely ill or injured children in the ED setting. Exposure will be to unscheduled, unselected patients varying in age ranges and severity of illnesses from minor to life-threatening. Residents will have first contact exposure to patients requiring rapid triage assessment for severity of illness with subsequent provision of resuscitation and stabilization if required. Patients will provide opportunity for physical exam with subsequent development of differential diagnoses, plan formulation, and decision making with appropriate consultation with available subspecialty fields and final diagnoses and disposition of the patient from the Emergency Department. Experience with local Emergency Medical Services will provide pre-hospital exposure to acutely ill or injured patients. Twenty-four hour on-site supervision will be provided by qualified Emergency Room Physicians.

### Objectives:

**Exposure to the following disorders/illnesses in the ED setting with opportunity for exam, procedure, diagnosis, consultation, and disposition.**

**Key:**

D-Didactic      Q-Questions/Testing  
 T-Text          O-Observation  
 P-Patient

**Method for learning    Evaluation**

- |   |              |            |
|---|--------------|------------|
| <p>1) <b>Respiratory Distress:</b> Understand pathophysiology of pediatric airway/respiratory illnesses/respiratory failure</p> <ul style="list-style-type: none"> <li>a) Stridor-causes/recognition</li> <li>b) Epiglottitis</li> <li>c) Croup</li> <li>d) Foreign body obstruction</li> <li>e) Bacterial tracheitis</li> <li>f) Retropharyngeal abscess</li> <li>g) Peritonsillar abscess</li> <li>h) Asthma</li> <li>i) Bronchiolitis</li> </ul> | <p>D,T,P</p> | <p>Q,O</p> |
| <p>2) <b>Airway management:</b> Familiarity with equipment, bvm ventilation, rapid sequence intubation/medication use.</p>  | <p>D,T,P</p> | <p>Q,O</p> |
| <p>3) <b>Shock:</b> Pathophysiology/types, recognition, clinical presentation, and treatment.</p>   | <p>D,T,P</p> | <p>Q,O</p> |

- |   |       |     |
|---|-------|-----|
| 4) <b>Cardiovascular Disorders:</b> Recognize new onset of congenital/acquired heart disease. Evaluate hemodynamic stability of patients with understanding of pathophysiology of heart function and medications to aid in resuscitation. Evaluation/Diagnosis/Treatment of:<br>a) Cardiomyopathies<br>b) Various arrhythmias<br>c) Sudden death<br>d) Cyanosis<br>e) Congestive heart failure<br>f) Rheumatic Fever<br>g) Kawasaki Disease<br>h) Chest Pain<br>i) Syncope<br>j) Heart murmurs<br>k) Hypertension<br>l) Shunt malfunction<br>m) Endocarditis<br>n) Medication toxicity<br>o) <i>Cardiopulmonary Resuscitation</i> | D,T,P | Q,O |
| 5) <b>Trauma:</b> Understand unique anatomy/physiology of pediatric patients. Know concept of primary and secondary survey, with understanding of management priorities for resuscitation including life-threatening injuries to major organ systems.   | D,T,P | Q,O |
| 6) <b>Head Injury/Trauma:</b> Understand primary and secondary causes of brain injury and scaling systems for neuro status. Understand appropriate imaging modalities and diagnoses of intracranial pathology and appropriate subsequent resuscitative efforts.   | D,T,P | Q,O |
| 7) <b>Cervical Spine Trauma:</b> Recognize symptoms of c-spine injury. Understand appropriate immobilization techniques, pediatric anatomy, radiological imaging/assessment of fractures with appropriate consultation.   | D,T,P | Q,O |
| 8) <b>Burns:</b> Identification, description of type, treatment, and appropriate consultation for burns. Understand various mechanisms of burn injury and organ damage assessment.  | D,T,P | Q,O |

- |   |       |     |
|---|-------|-----|
| 9) <b>Toxicology:</b> Acute ingestions, inhalation injuries, and envenomations. Understand pharmacology, pathophysiology, and treatment options/resuscitation.<br>a) toxidromes<br>b) Most common ingestions/inhalations  | D,T,P | Q,O |
| 10) <b>Submersion injury:</b> Understand most common factors responsible, understand pathophysiology following submersion, and know management principles.  | D,T,P | Q,O |
| 11) <b>Body Temperature Disturbances:</b> Understand basic physiology of temperature regulation, common heat illnesses and their treatment, and hypothermia and its treatment.  | D,T,P | Q,O |
| 12) <b>Child Abuse:</b> Identification of common presenting cases of abuse; physical, sexual, and neglect. Appropriate lab evaluation. Appropriate notification to authorities.   | D,T,P | Q,O |
| 13) <b>Altered level of Consciousness:</b> Understand etiologies, diagnosis, and treatment.   | D,T,P | Q,O |
| 14) <b>Septic-Appearing Infant:</b> Understand conditions that can simulate sepsis. Know appropriate evaluation, diagnosis, and management of sepsis and underlying pathophysiology.  | D,T,P | Q,O |
| 15) <b>Meningitis:</b> Understand clinical signs of life-threatening central nervous system infection. Know appropriate evaluation and treatment for this condition.  | D,T,P | Q,O |
| 16) <b>Diabetic Ketoacidosis:</b> Understand metabolic processes leading to the DKA state and appropriate management for reversal as well as common complications in the ED setting.  | D,T,P | Q,O |
| 17) <b>Status Epilepticus:</b> Understand causes, complications, diagnosis, and management of the patient in status, including anti-convulsant medication use.  | D,T,P | Q,O |
| 18) <b>Pain Management and Sedation:</b> Understand use of narcotic and non-narcotic medications for managing pain along with their pharmacology and effects. Initiation of conscious sedation with appropriate medications, monitoring, and understanding of discharge criteria. | D,T,P | Q,O |

- 19) **Emergency Medical Services for Children:** Understand concepts of EMSC, role of children, and overall communication, preparation, and services needed for proper function of the system. To have hands on experience with patients in the field during time spent with paramedics in emergency vehicles. D,T,P Q,O
- 20) **Cardiopulmonary Arrest/ CPR-** Understand the underlying pathophysiology leading to cardiopulmonary arrest. Know acute management including airway and cardiac resuscitation and all medications for use during the resuscitation. PALS manual will be source of instruction. D,T,P Q,O  
-Sudden Infant Death Syndrome
- 21) **Abdominal pain/pathology:** Understand clinical presentation and evaluation for appendicitis, bowel obstruction, malrotation, pyloric stenosis, and other common pathologies of the abdomen. D,T,P Q,O
- 22) **Dermatology:** Become familiar with recognition/diagnosis of common skin disorders presenting to the Emergency Department. D,T,P Q,O
- 23) **Febrile Infant or Child:** Understand risks of infant/child for SBI's (serious bacterial illnesses) presenting with fever with no source. Know standard evaluations. D,T,P Q,O  
a) Bacteremia  
b) UTI/Pyelonephritis  
c) Meningitis  
d) Cellulitis  
e) Pneumonia
- 24) **Minor Trauma:** Become familiar with common orthopedic injuries requiring splinting in the ED setting as well as various lacerations and their treatment. Understand appropriate role of orthopedic and surgical consultants. D,T,P Q,O
- 25) **Acute Psychiatric, behavioral, and psychosocial problems:** Be able to recognize the patient requiring specialized Psychiatric services. Understand proper evaluation, consultation, and final disposition. D,T,P Q,O

## **Plastic Surgery Rotation**

The Department of Plastic Surgery offers a one-month elective rotation for transitional year residents. The goal of this rotation is to introduce the subspecialty of plastic surgery at the first- year level. The resident will become involved in a large volume private practice whose members oversee our active Plastic Surgery Residency.

### **Specific areas covered during the elective include:**

1. Hand surgery
2. Soft tissue injuries
3. Cleft lip and palate repair
4. Aesthetic and reconstructive surgery
5. Skin tumors
6. Wound healing
7. Diagnosis and management of facial fractures
8. Burn therapy
9. Head and neck tumors

The resident will participate in patient care, assisting in the operating room and attending all weekly conferences of the Department of Plastic Surgery. The transitional year resident would perform at the same level as any other first year resident rotating in the department.

### **Evaluations**

Residents will be evaluated by the attending faculty. Prior to the rotation, both the resident and faculty will receive a copy of the goals and objectives. The assigned faculty will meet with the resident in the mid-month for a mid month evaluation.

Updated April 2006

## **TRANSITIONAL YEAR RESIDENCY COMPETENCY-BASED EDUCATIONAL GOALS AND OBJECTIVES Private Office Rotation**

### **ACGME General Competency Areas**

<b>Abbreviation</b>	<b>Description</b>
<b>MK</b>	<b>Medical Knowledge</b>
<b>PC</b>	<b>Patient Care</b>
<b>ICS</b>	<b>Interpersonal and Communication Skills</b>
<b>PBLI</b>	<b>Practice-Based Learning and Improvement</b>
<b>Prof</b>	<b>Professionalism</b>
<b>SBP</b>	<b>Systems-Based Practice</b>
<b>Proc</b>	<b>Procedures</b>

### **Educational Purpose**

The Private Office rotation provides the opportunity for the transitional year resident to experience a functioning community general internist's practice early enough in residency training so that this experience can be incorporated into post residency decisions. During this rotation, residents will have an opportunity to develop a more realistic appraisal of the practice of general internal medicine in the community. Residents will also develop an understanding of the challenges of managing a small business including staffing and human resource issues. The resident will also be exposed to evaluation and management coding, billing and collecting processes, and patient flow in a private office. Health promotion will be constantly emphasized in discussions with patients and preceptors. The occupational, environmental and regulatory issues which occur in a small business in the healthcare industry are encountered.

### **Principal Teaching Methods**

The main teaching method is one-on-one mentoring between the attending physician, faculty and the resident. There are didactic sessions in clinics on a topic referable to outpatient medicine. In addition, one-on-one teaching that is patient-based is conducted with each resident-attending interaction. Independent reading occurs based on topics encountered during clinic time and a computer with internet, online journal, UpToDate and medical database search capability is available in the outpatient clinic at all times for use by the residents.

The transitional year resident will gain expertise in the complete and comprehensive management all types of patients encountered in the outpatient setting. In addition to becoming adept in the treatment of various medical conditions, residents should also become competent in recognizing the need for hospitalization, subspecialty consultation and the utilization of preventive care techniques, the importance of continuity of care in medical management. Residents also learn skills in documentation and dictating, working with a managed care system, use of formularies and billing procedures. The goal is for

residents to be knowledgeable and adept at managing complex, as well as simple, medical problems in an outpatient environment. Residents will evaluate assigned patients and review recommendations with the precepting physician. Assigned readings and topics are reviewed. During the rotation, residents will spend time with office managers and other ancillary staff and develop an appreciation of their roles.

**The transitional year resident is responsible for the comprehensive care of patients to include elicitation of a medical history, performance of a complete physical examination, use of appropriate technology, and the integration of this information in the diagnosis and management of disease.**

### **Patient Characteristics and Types of Clinical Encounters**

The patient encounters are typical of the general internist's practice. Residents will encounter a wide range of clinical problems in various stages including more relatively healthy patients than those typically encountered in the resident continuity clinic. This rotation is entirely outpatient based in the private general internist's office. The faculty preceptor who is on site at all times constantly monitors resident activity. All patients to be seen will be evaluated by the faculty preceptor as well as the resident. The resident will also have the opportunity to develop an appreciation of the roles of other health care team members in an office setting.

### **Value to the Transitional Year Resident**

As medicine has continued to be practiced more and more in the outpatient environment, it is vital that residents be well versed in all aspects of outpatient medicine. As a component of the complete care of the patient, the transitional year resident will need to be able to learn to care for routine problems related to the above-mentioned areas.

### **Components of the Physical Exam Stressed**

Need to do a thorough physical exam on all patients.

### **Procedures**

Simple office procedures such as joint aspiration/injection, skin biopsies, I&D's, etc. are performed under supervision of the attending physicians in the outpatient clinic. Procedures performed during the rotation will vary depending on the expertise and practice of the faculty preceptor. Potential procedural opportunities include those commonly performed by general internists including stress testing, skin biopsy, pelvic exams, and joint injections. Preventive health exams as well as symptom initiated visits are included.

### **Reading**

Pertinent sections of a general internal medicine textbook as well as ambulatory medicine textbooks are strongly recommended. In addition, pertinent articles from recent journals may be distributed by the attending physicians.

### **Required Presentation**

Complete Noon Conference or Morning Report presentation as instructed by supervising attending or senior resident.

**Call Responsibility** None

**ACGME Definition of Meaningful Patient Responsibility** Yes.

**Bioethical Issues**

Discussions regarding end of life issues, advance directives, appropriate screening procedures in a given population, confidentiality and malpractice prevention issues are discussed as they apply to each patient. Making decisions regarding eligibility for aggressive rehabilitation and disability

**Occupational/Environmental Issues**

Occupational illnesses as they affect each organ system are discussed in relation to appropriate patients. In addition, tick-borne illnesses and other possible environmental exposures are addressed.

**Evaluation Methods**

Prior to the rotation, both resident and faculty will receive a copy of the goals and objectives. The primary method will be direct observation of performance. The resident on the rotation is evaluated continuously by the faculty as residents evaluate and present to the attending physician. The attending will evaluate the resident mid month and at the end of the month and will fill out the standard evaluation form with the resident. A written evaluation will be performed by the attending at the completion of the rotation. A verbal evaluation will be given by the attending during the rotation. The evaluation will be based on fulfillment of rotation requirements and observations by the attending physicians. The resident will evaluate the rotation and attending anonymously using new innovations which will be kept confidential and shared with the attending faculty maintaining anonymity.

**Goals and Objectives:**

**At the end of the private office month transitional year interns should be able to:**

<b>Competency</b>	<b>Description Goals/Objectives to be met</b>	<b>Completed</b>
<b>MK, PC, ICS, PBLI, SBP, and Prof</b>	Demonstrate competence in history taking and physical examination.	
<b>MK, PC, ICS, PBLI, and SBP</b>	Demonstrate competence in the complete and comprehensive management of all types of patients encountered in the outpatient setting.	
<b>MK, PC, ICS, PBLI, SBP</b>	Order tests appropriately and cost-effectively.	
<b>MK, PC, ICS SBP</b>	Demonstrate competence in recognizing the need for hospitalization and subspecialty consultation.	
<b>MK, PC, SBP, PBLI, ICS</b>	Demonstrate competence in utilization of preventive care techniques and the importance of continuity of care in medical management.	
<b>SBP</b>	Demonstrate skills in documentation and dictating.	
<b>SBP, PC</b>	Gain exposure to working with a managed care system, use of formularies and billing procedures.	
<b>MK, PC, ICS, SBP, Prof</b>	Seek help when needed and request consults appropriately.	
<b>MK, PC</b>	Initiate treatment for a variety of medical conditions.	
<b>MK, PC, SBP, ICS, Prof. Procedural</b>	Do outpatient medical procedures if Available under supervision.	
<b>PC, SBP, ICS Prof</b>	Demonstrate ability to effectively plan Discharge and continuity care	
<b>MK, ICS, PBLI, Prof</b>	Practice and teach evidence-based medicine and demonstrate how to obtain appropriate medical information and use of technology	
<b>ICS, Prof.</b>	Show appropriate skills as team player.	
<b>ICS, Prof</b>	Give feedback to the team members concerning supervision and teaching at appropriate times.	
<b>Prof</b>	Complete all items on check list below for rotation credit and return checklist to the Transitional Year coordinator by the month's end.	

**Private Office Rotation Check List**

<b>Competency</b>	<b>Check List Item</b>	<b>Completed</b>
<b>ICS and Prof</b>	57. Reviewed evaluation at mid and end of month with supervising faculty and resident.	
<b>PC, PBLI, and Prof</b>	58. Completed all assigned clinical activities, assigned readings, and all items in goals and objectives.	
<b>MK, ICS, PBLI, and Prof</b>	59. Attended all assigned clinical activities (excluding scheduled time away, required clinics and emergencies)	
<b>MK, ICS, PBLI, and Prof</b>	60. Completed required case report abstracts and/or posters assigned by the supervising faculty member.	
<b>MK, ICS, PBLI, And Prof</b>	61. Complete Noon Conference or Morning Report presentation	

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Faculty \_\_\_\_\_ Date \_\_\_\_\_

## **Psychiatry**

### **Educational Purpose**

Residents are estimated to spend 25-50% of their time evaluating patients presenting with psychiatric symptoms and disorders. Many patients are unwilling to seek care from mental health professionals, but will accept treatment from their internist. Residents may select a one-month psychiatry elective during their second or third year of residency. During this rotation the resident will develop an understanding of common psychiatric diagnoses and their initial management. Residents will gain experience in assessing competency to accept or refuse treatment. Informed consent and patient confidentiality will be discussed. The transitional year resident is responsible for the comprehensive care of patients to include elicitation of a medical history, performance of a complete physical examination, use of appropriate technology, and the integration of this information in the diagnosis and management of disease.

### **Teaching Methods**

The resident will evaluate inpatients for which psychiatric consultation has been requested and evaluate outpatients in the psychiatric consultation clinic and private psychiatrist's office. The resident will then participate with the psychiatrist in decisions regarding appropriate work-up, diagnostic assessment and treatment options.

### **Disease Mix**

During the elective, the resident will:

- A. Learn and perform mental status exam.
- B. Become familiar with DSM-IV axis system.
- C. Become familiar with DSM-IV diagnostic criteria for:
  1. Delirium
  2. Dementia
  3. Alcohol abuse-dependence
  4. Drug abuse-dependence
  5. Schizophrenia
  6. Depression
  7. Bipolar affective disorder
  8. Panic disorder
  9. Generalized anxiety disorder
  10. Post-traumatic stress disorder
  11. Personality disorders
  12. Obsessive-compulsive disorder
  13. Somatoform disorders
- D. Evaluate "organic" causes of psychiatric symptom.
- E. Initiate treatment of:
  1. Depression
  2. Panic Disorder
  3. Generalized Anxiety Disorder
  4. Bipolar Affective Disorder

5. Psychosis
6. Alcohol/Drug Withdrawal

### **Patient Characteristics and Types of Clinical Encounters**

Patients present in multiple phases of illness from acute emergent psychoses and overdoses to the chronic phase of psychiatric processes such as bipolar illness, depression, anxiety and posttraumatic stress. The substantial interaction between social and economic factors with psychiatric illnesses will be illustrated. Both outpatient and inpatient psychiatric evaluations will be performed. The attending psychiatrist who evaluates all inpatients with the resident provides supervision. In the outpatient clinic all patient visits are supervised and evaluated by the faculty psychiatrist. The indispensable care provided by trained psychologists, counselors, crisis response teams, and social workers will be emphasized.

### **Procedures**

None

### **Reading List**

The following articles and books are required reading:

- A. Kosten TR and O'Connor PG. Management of Drug and Alcohol Withdrawal. *NEJM* 2003;348:1786-95.
- B. Cummings J. The Mental Status Examination. *Hospital Practice*. May 30, 1993.
- C. Groves, JE. Taking Care of the Hateful Patient. *NEJM* 1978; 298:883-887.
- D. Amen DG and Goldman B. Attention Deficit Disorder: A Guide for Primary Care physicians. *Primary Psychiatry* July 1998; 76-85.
- E. Yehuda R. PostTraumatic Stress Disorder. *NEJM* 2002;346:108-114.
- F. Simon NM and Pollack MH. The Current Status of the Treatment of Panic Disorder. *Psychiatric Annals* 2000;30:689-696.
- G. Becker AE, et al. Eating Disorders. *NEJM* 1999;340:1092-1098.
- H. Katon WJ and Walker EA. Medically Unexplained Symptoms in Primary Care. *Clinical Psychiatry* 1998;59(20):15-21.
- I. Barsky AI. The Patient with Hypochondriosis. *NEJM* 2001;345:1395-1399.
- J. Sacks GS. Clinical Crossroads: A 25 Year Old Woman with Bipolar Disorder. *JAMA* 2001;285:454-462.
- K. *Diagnostic and Statistical Manual*, 4th edition (DSM-IV), American Psychiatric Press.
- L. *Essential Psychopharmacology*, 2<sup>nd</sup> Edition, 2002 by Stephen M. Stahl; Cambridge Press.

## **Pathological Material**

None

## **Method of Evaluation**

A pre- and post-test will be given. The resident will be evaluated by the attending physician based directly upon observed patient interactions, chart notes, and discussion sessions. Residents will be asked to keep a checklist of patients they have seen during the rotation, recording each of the following diagnoses seen and discussed with the attending physician:

- A. Delirium
- B. Dementia
- C. Alcohol Abuse-Dependence
- D. Substance Abuse-Dependence
- E. Schizophrenia
- F. Major Depression
- G. Bipolar Affective Disorder
- H. Panic Disorder
- I. Post Traumatic Stress Disorder
- J. Generalized Anxiety Disorder
- K. Somatoform Disorders
- L. Personality Disorders

### **To complete the psychiatry elective, the resident must:**

- A. Receive satisfactory end of rotation evaluation by the supervising faculty member.
- B. Complete assigned readings.
- C. Attend all outpatient clinic activities (excluding scheduled time away, required clinics and emergencies).
- D. Complete required case report abstracts and/or posters assigned by the supervising faculty member.
- E. Complete the log of psychiatric disorders encountered and/or reviewed with the attending psychiatrist.
- F. Complete the psychiatry elective post-test.

Updated April 2006

## Psychiatry Rotation Check List

1. Evaluation reviewed at mid-month and end of rotation by the supervising faculty member and resident. \_\_\_\_\_
2. Completed assigned readings. \_\_\_\_\_
3. Attended all assigned clinical activities (excluding scheduled time away, required clinics and emergencies). \_\_\_\_\_
4. Completed required case report abstracts and/or posters assigned by the supervising faculty member. \_\_\_\_\_
5. Complete the log of psychiatric disorders encountered and/or reviewed with the attending psychiatrist. \_\_\_\_\_
6. Complete the psychiatry elective post-test. \_\_\_\_\_
  
7. Complete Noon Conference or Morning Report presentation.

Intern Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Faculty \_\_\_\_\_ Date \_\_\_\_\_

All items must be completed for rotation credit and checklist returned to the Transitional Year Coordinator by the month's end.

## TRANSITIONAL YEAR RESIDENCY COMPETENCY-BASED EDUCATIONAL GOALS AND OBJECTIVES Radiology Rotation

### ACGME General Competency Areas

Abbreviation	Description
<b>MK</b>	<b>Medical Knowledge</b>
<b>PC</b>	<b>Patient Care</b>
<b>ICS</b>	<b>Interpersonal and Communication Skills</b>
<b>PBLI</b>	<b>Practice-Based Learning and Improvement</b>
<b>Prof</b>	<b>Professionalism</b>
<b>SBP</b>	<b>Systems-Based Practice</b>
<b>Proc</b>	<b>Procedures</b>

### General Information

The Radiology rotation is available to transitional year residents as an elective rotation. The rotation can be taken in a one-month or a two-week block. This rotation will provide the house officer diverse opportunities to achieve the following objectives.

### Education Goals and Objectives

- A. To become familiar with the radiological tests available.
- B. To learn the proper utilization of imaging modalities in diagnosis and intervention.
- C. To understand the indications and contraindications of radiological tests.
- D. To understand the utilization of appropriate radiological tests based on indication, cost-effectiveness and risks vs. benefits.

### Value to the Transitional Year Resident

The purpose of this rotation is for the resident to become familiar with interpretation and utilization of common radiological procedures and findings.

### Educational Content

The resident will acquire knowledge of

- A. Radiological procedures available.
- B. Preparation of patients for tests.
- C. Indications and limitations in the use of imaging equipment including CT scans, ultrasound, radio nuclear techniques, MRI Doppler methods and angiographies.
- D. Side effects and complications of invasive studies and contrast media.
- E. Hazards of radiation.
- F. Cost-effective diagnostic testing.

The house office will be taught to

- A. Interpret radiographs taken in the inpatient, outpatient and emergency room setting.
- B. Evaluate findings and special procedures, i.e.

1. Special contrast procedures (arteriography, renography, urography, biopsies, myelograms, joint injections).
2. CT scans.
3. Ultrasound, radio nuclear studies, Doppler flow studies, endoscopic procedures and mammograms.

### **Principal Teaching Methods**

- A. Structured experience will be accomplished in the one-month or two-week rotation in the Radiology Department at Erlanger Medical Center.
- B. The resident will receive the specific goals and objectives and instructions at the beginning of the rotation by the coordinator. The resident is to have the calendar signed by the physician (both AM and PM) and return to the coordinator at the end of the rotation. No evaluation or credit for the rotation will be given if this is not done.
- C. The resident will be assigned to a board-certified radiologist five days a week in different areas of radiological procedures.
- D. The resident will be required to attend Tumor Board held once per week (Friday Noon).
- E. The resident will be required to attend internal medicine Morning Report and Noon Conference on the other days.
- F. The resident may be assigned to Nuclear Medicine Department two days during the rotation.
- G. The resident keeps track of attendance during the rotation by recording the name of the faculty and the time spent with the faculty. The resident at the end of the rotation also records the time spent reviewing the CD-ROM.

### **Patient Characteristics and Type of Clinical Encounters**

The resident will be exposed to interpretation of radiographs taken of patients in various settings, i.e., inpatient, outpatient and emergency room. They will also evaluate findings and special procedures in the same setting.

### **Procedures**

The resident will be involved in observing and assisting procedures performed by the interventional radiologist. Examples of procedures include: US/CT guided biopsies, US/CT guided thoracentesis, paracentesis, flouro/CT guided chest tube insertions, angiograms, myelography, US guided biopsies, etc.

### **Supervision**

Board certified faculty supervises all activities. CD-ROMS are not supervised; however, faculty is available to answer any questions or clarification. There is a limit of two residents during each four-week block.

### **Reading**

Reading slides, and CD-ROM material will be assigned.

CD-ROM Materials:

Fundamentals of Diagnostic Radiology  
Cranial Trauma in the Adult

Imaging of Low Back Pain  
 Fundamentals of Breast Imaging  
 Fundamentals of Pediatric Radiology

Review the interactive radiology web based case review by Drs. Nowicki, Alexander, Oaks and Noe on the transitional year website and on a CD

**Bioethical Issues**

The resident will participate in discussions regarding benefits and risks of treatment. Patient education will be stressed.

**Evaluation Methods**

Prior to the rotation, both resident and faculty will receive a copy of the goals and objectives. The primary method will be direct observation of performance. The resident on the rotation is evaluated continuously by the faculty as residents evaluate and present to the attending physician. The attending will evaluate the resident mid month and at the end of the month and will fill out the standard evaluation form with the resident. A written evaluation will be performed by the attending at the completion of the rotation. A verbal evaluation will be given by the attending during the rotation. The evaluation will be based on fulfillment of rotation requirements and observations by the attending physicians. The resident will evaluate the rotation and attending anonymously using new innovations which will be kept confidential and shared with the attending faculty maintaining anonymity.

A Radiology Rotation Calendar must be signed each half-day by the radiologist assigned or preceptor signifying completion of assigned duties.

**Goals and Objectives of the Radiology Rotation**

At the end of the radiology rotation the Transitional Year Residents should be able to:

Competency	Description Goals/Objectives to be met	Completed
<b>MK, PC, ICS, PBLI, SBP</b>	Learn the proper utilization of imaging modalities in diagnosis and intervention.	
<b>MK, PC, ICS, PBLI, SBP</b>	Demonstrate knowledge on appropriate preparation of patients radiological for tests.	
<b>MK, PC, ICS, PBLI, SBP, Prof</b>	Understand the utilization of appropriate radiological tests based on indications, contraindications, cost-effectiveness and risks vs. benefits.	
<b>MK, PC, PBLI, SBP</b>	Understand the indications and limitations in the use of imaging equipment including CT scans, ultrasound, radio nuclear techniques, MRI Doppler methods and angiographies.	
<b>MK, PC, ICS, PBLI, and SBP</b>	Understand the side effects and complications of invasive studies and contrast media.	

<b>MK, PC, ICS, PBLI, SBP</b>	Understand the hazards of radiation.	
<b>MK, PC, ICS, PBLI, SBP, Prof</b>	Demonstrate competence in the interpretation of radiographs taken in the inpatient, outpatient, and emergency room setting.	
<b>MK, PC, ICS, PBLI, SBP</b>	Evaluate findings and special procedures, i.e. Special contrast procedures A(arteriography, renography, urography, biopsies, myelograms, joint injections), CT scans, Ultrasound, radio nuclear studies, Doppler flow studies, endoscopic procedures and mammograms when available.	
<b>MK, PC, PBLI, SBP, ICS, Prof</b>	Demonstrate understanding of the multidisciplinary team approach and collaborative indispensable care.	
<b>MK, PC, PBLI, SBP, ICS, Prof</b>	Demonstrate understanding in assessing patient competency to accept or refuse treatment; obtain informed consent and concept of patient confidentiality.	
<b>ICS, Prof</b>	Demonstrate ability to effectively communicate care to the patient and/or primary team.	
<b>MK, ICS, PBLI, Prof</b>	Practice and teach evidence-based medicine and demonstrate how to obtain appropriate medical information and appropriate use of technology.	
<b>MK, PC, ICS, Prof</b>	Supervise and teach students on the team if present	
<b>ICS, Prof</b>	Show appropriate skills as a team player.	
<b>ICS, Prof</b>	Give feedback to the team members concerning supervision and teaching at appropriate times.	
<b>Prof</b>	Complete all items on check list below for rotation credit and return check list to the Transitional Year coordinator by the month's end.	

Updated September 2006

## Goals and Objectives of the Radiology Rotation

At the end of the radiology rotation the Transitional Year Residents should be able to:

Competency	Description Goals/Objectives to be met	Completed
<b>MK, PC, ICS, PBLI, SBP</b>	Learn the proper utilization of imaging modalities in diagnosis and intervention.	
<b>MK, PC, ICS, PBLI, SBP</b>	Demonstrate knowledge on appropriate preparation of patients radiological for tests.	
<b>MK, PC, ICS, PBLI, SBP, Prof</b>	Understand the utilization of appropriate radiological tests based on indications, contraindications, cost-effectiveness and risks vs. benefits.	
<b>MK, PC, PBLI, SBP</b>	Understand the indications and limitations in the use of imaging equipment including CT scans, ultrasound, radio nuclear techniques, MRI Doppler methods and angiographies.	
<b>MK, PC, ICS, PBLI, and SBP</b>	Understand the side effects and complications of invasive studies and contrast media.	
<b>MK, PC, ICS, PBLI, SBP</b>	Understand the hazards of radiation.	
<b>MK, PC, ICS, PBLI, SBP, Prof</b>	Demonstrate competence in the interpretation of radiographs taken in the inpatient, outpatient, and emergency room setting.	
<b>MK, PC, ICS, PBLI, SBP</b>	Evaluate findings and special procedures, i.e. Special contrast procedures A(arteriography, renography, urography, biopsies, myelograms, joint injections), CT scans, Ultrasound, radio nuclear studies, Doppler flow studies, endoscopic procedures and mammograms when available.	
<b>MK, PC, PBLI, SBP, ICS, Prof</b>	Demonstrate understanding of the multidisciplinary team approach and collaborative indispensable care.	
<b>MK, PC, PBLI, SBP, ICS, Prof</b>	Demonstrate understanding in assessing patient competency to accept or refuse treatment; obtain informed consent and concept of patient confidentiality.	
<b>ICS, Prof</b>	Demonstrate ability to effectively communicate care to the patient and/or primary team.	
<b>MK, ICS, PBLI, Prof</b>	Practice and teach evidence-based medicine	

	and demonstrate how to obtain appropriate medical information and appropriate use of technology.	
<b>MK, PC, ICS, Prof</b>	Supervise and teach students on the team if present	
<b>ICS, Prof</b>	Show appropriate skills as a team player.	
<b>ICS, Prof</b>	Give feedback to the team members concerning supervision and teaching at appropriate times.	
<b>Prof</b>	Complete all items on check list below for rotation credit and return check list to the Transitional Year coordinator by the month's end.	

**Radiology Rotation Check List**

<b>Competency</b>	<b>Check List Item</b>	<b>Completed</b>
<b>ICS and Prof</b>	62. Reviewed evaluation at mid and end of month with supervising faculty	
<b>PC, PBLI, and Prof</b>	63. Attended all assigned clinical activities, assigned readings, and all items in goals and objectives.	
<b>MK, ICS, PBLI, and Prof</b>	64. Completed required case report abstracts and/or posters assigned by the supervising faculty member.	
<b>MK, ICS, PBLI, and Prof</b>	65. Successful completion of Morning Report or Noon Conference.	
<b>MK, ICS, PBLI, And Prof</b>	66. Attended Tumor Board	
<b>MK, ICS, PBLI, And Prof</b>	67. Reviewed Teaching CDROMS	
	68. Other	

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Faculty \_\_\_\_\_ Date \_\_\_\_\_

## **Research**

### **General Information**

- A. This rotation is designed to give residents a broad overview of clinical research and to assist them in designing and coordinating a research project. Readings will be discussed with the mentor. A proposal outline with details of goals and objectives and evaluation methods drafted by the transitional year resident and mentor should be submitted to the transitional year program director at least 1 month in advance. All transitional year residents are required to submit a scholarly activity project by February 15<sup>th</sup> for resident research day.
- B. Particulars:
1. Week day: 8:00 a.m.- 5:00 p.m.
  2. All program required conferences should be attended. In addition, research conferences should be attended.
  3. Methods:
    - a) selected readings
    - b) design of research project
    - c) discussions with mentor

### **Goals and Objectives**

- A. Understanding research methods including data acquisition, management, study design and analysis.
- B Honing of critical evaluation skills.
- C Implementation or continuation of an ongoing research project.

### **Value to the Transitional Year Resident**

Physicians must be critical researchers of medical literature. Transitional year residents can initiate a project that they can complete during their following residency. They are also encouraged to do case reports and case presentations at local and national meetings

### **Principal Teaching Methods**

- A. Reading

B. Research on research project

**Educational Content**

See readings.

**Components of the Physical Exam Stressed** N/A

**Procedures** N/A

**Reading**

- A. Sackett DL Bias in clinical research. *J Chron Dis* 32:51-63, 1979.
- B. Huth EJ: How to write and publish papers in the medical sciences. Williams and Wilkins, Baltimore, 1982.
- C. Gapen GD, Swane JA: The science of scientific writing. *Amer Scientist* 78.-558,1991.
- D. Norman GD, Streiner DL *PDQ Statistics*, BC Decker, Inc., Toronto, 1986.
- E. Kemeny JG: Probability. True, Basic Inc., 1988 (Computer program).
- F. Monk JS, Gabel LL *Research Planning Guide*, C. 1985.
- G. Brigham TA: On the importance of recognizing the difference between experiments and correlational studies. *Amer Psych* 44:1077-1078, 1989.
- H. Primary Care Internal Medicine: Clinical research methods: an annotated bibliography. *Ann Int Med* 99:419-424, 1983.

**Required Presentations** completed proposal to the IRB

**Call Responsibility** None.

**ACGME Definition of Meaningful Patient Responsibility** No

**Bioethical Issues**

The following topics will be covered

- a. Responsibilities of authorship
- b. Validity of findings

c. Need for full disclosure of research funding

### **Occupational/Environmental Issues**

The issues to be discussed will depend on the research agenda.

### **Evaluation Method**

Direct observation with progress of research project.

Updated April 2006

## **DEFINITION OF A RESEARCH PROJECT AND SPECIFICATIONS FOR FULFILLING THE REQUIREMENT**

A research project is a scientific endeavor to answer a research question.

Research projects may include:

- Case series
- Case control study
- Cohort study
- Randomized, controlled trial
- Survey
- Secondary data analysis such as decision analysis, cost effectiveness analysis or meta-analysis.

Each resident must work under the guidance of a faculty mentor. Depending on your area of research interest or your research topic, you may be able to identify a mentor on your own, or if needed, you will be assigned one. You are also provided with a step-by-step guide to simplify the process and a suggested Timeline for research project completion to ensure that you meet your requirement in a timely manner.

## **A GUIDE TO THE RESEARCH PROCESS**

### **I. SELECTION OF THE RESEARCH TOPIC: The first major challenge in conducting research**

There are different ways you can go about identifying a research topic.

- The easiest way is working with a faculty mentor who is active in research and may have defined one or more researchable questions.
- Consulting with leading faculty in your area of interest and asking for advice on researchable topics is another avenue for research ideas.
- Developing research ideas from loose ends discovered during: a) patient care, reading within an area, c) reviewing journal article(s), and d) discussions, critique of research articles in journal club, could be an interesting, and a rewarding experience.

### **II. DEVELOPING THE RESEARCH PROPOSAL**

A research proposal helps you to develop your research idea into a valid, scientific research project. A general outline of the elements of a Research Proposal is presented. Although the Research Project Outline provides a description of all the elements of a research project, you are

required to complete writing up to the Methodology section BEFORE you begin project implementation. Writing of the research proposal has a twofold purpose: 1) it provides you, the researcher, with the blueprint for implementing your project, and 2) it has to be submitted to the IRB Committee for securing IRB approval to implement your project. Besides, it is easier to write up the Results and Discussion sections once you have the preliminary sections in place.

### **III.SECURING IRB APPROVAL**

IRB approval has to be secured BEFORE you begin collecting your data. In order to do so, you need to send 10 copies of your proposal, and Patient Consent Form (for prospective, clinical trials) to the IRB Contact person, Ms. Stacy Hendricks in the Pharmacy Office, located on 6th floor - D Elevators,(phone: 778-6262). IRB Board reviews are held on the 4<sup>th</sup> Wednesday of each month, and the proposal is due by the 3rd Monday. Please submit proposals earlier in the month to ensure an IRB hearing in the same month.

### **IV.PROJECT IMPLEMENTATION**

In order to conduct a valid, scientific study, it is important that you rigorously follow the study design outlined in your research proposal and approved by the Research Committee. Also, to ensure timely completion of your project, it is important that you stay within the framework discussed in the Timeline. A one month research elective could be taken to provide you with the needed time.

### **V. WRITE-UP OF PROJECT RESULTS, AND DISCUSSION**

This should follow directly from your research proposal. The research project outline provides a ‘how to’ write-up of the results and discussion sections.

### **VI.RESEARCH PRESENTATION**

Once your research project is complete, you have to make a public oral presentation to present your work. A formal Research Presentation provides you with the opportunity to share your research with your colleagues, and the department faculty, and provides you with the confidence required to give presentations at regional and national conferences.

## **OUTLINE OF A RESEARCH PROJECT**

### **I. TITLE PAGE** (Page 1, DO NOT NUMBER)

- Study Title
- Names of principal investigator(s) and co-investigator(s)
- Division
- UT College of Medicine – Chattanooga
- Date: month and year proposal prepared/submitted

### **II. SUMMARY** (Page 2; up to 1/2 – 3/4 page; DO NOT NUMBER)

The summary should be brief and include: 1) a few sentences introducing the topic of current study (could include a couple of references); 2) statement of the problem; 3) a brief description of the methodology to be used including duration of study, subject selection criteria, tests to be performed, and/or data to be collected; 4) significance and implications of the study (why is it important to do the study, and what are the benefits: fill in gap in knowledge; develop further understanding of a clinical situation; modify current approach to treatment; cost-benefit analysis etc., etc.). Summary is usually written AFTER you have finished writing your proposal.

### **III. INTRODUCTION AND REVIEW OF THE LITERATURE** (Page 3; up to 2-3 pages; a minimum of 8 references required. START NUMBERING OF PROPOSAL FROM HERE)

This section consists of an overview of the research question and some indication of the study's worth and the contribution it is apt to make to the field of study. It should include the rationale for the research project. Use references to establish the link between the proposed study and previous work done on the topic, lay the groundwork for the proposed study, and demonstrate why it is important and timely. The literature review is not just a compilation of facts, but a coherent argument that leads to the description of the proposed study. By the end of the literature review, the reader should be able to conclude that, "Yes, of course, this is the exact study that needs to be done at this time, to move knowledge in this field a little further along."

### **IV. PROBLEM STATEMENT & RESEARCH HYPOTHESES** (up to 1/2-1 page)

The problem statement describes the problem posed by the proposed study and specifies it in the form of Research Hypotheses. The research hypotheses should flow logically from the discussions presented in the Review of Literature and the Statement of the Problem. The hypotheses should be very specific in presenting what aspects of the research topic you will be studying, and how. The hypotheses should be optimally clear, concise, meaningful, and typically written in the present tense. One recommended statement of the criteria for a good hypothesis is that it: a) be free of ambiguity, b) express the relationship between two variables or concepts, and c) imply an empirical test. AVOID having more than one hypotheses embedded in a single, complex statement. A conceptual model represents a visual depiction of the relationship between all the variables in your study. It is a good place to start when planning your research project, and also helps in developing your hypotheses.

## **V. METHODOLOGY** (up to 2-3 pages)

This section describes the exact steps that will be undertaken to conduct your research. The Methods section typically covers the following areas: 1) Study duration, 2) Subject selection, 3) Instrumentation or measures, 4) Study procedure, 5) Data analysis, and 6) Study limitation. Specific description of issues to be addressed in each of these subsections is presented.

### **1. Study Duration**

Describe the time frame during for which data will be collected (retrospective study; chart reviews), or intervention administered (prospective study; clinical trials).

### **2. Subject Selection**

Of particular importance in this section are:

- a) the sampling procedure to be used – random, stratified, convenience
- b) the source of the subjects
- c) the criteria for selection – clearly state inclusion/exclusion
- d) the rationale for determining sample size – use power test to determine sample size for significance; realistic estimates of crossovers, dropouts must be used in calculating sample size

### **3. Instrumentation or Measures**

This section lists all the variables (intervention as well as outcome variables) you would be examining in your study, and describes what

- particular measures, or forms, or data collection sheets you will be using to measure the variables.
4. Procedures  
This section provides a detailed description of the exact steps to be taken to conduct your research. This includes the procedure used to contact subjects, obtaining Informed Consent, and collecting the data. For prospective clinical trials, you have to specify the way the intervention will be allocated (randomization, single blind, double blind), baseline examination, administer intervention, post-intervention examination etc. You need to specify the termination policy for your study.
  5. Data Analysis  
In this section describe the statistical tests that will be used to address the research hypotheses. Although intimidating, this section forces you to think how you will analyze (or have it analyzed) at the time the proposal is generated rather than after the data are collected. This way, you can avoid wasting time collecting data that are not analyzable because they are not in the collected in the correct format.
  6. Study Limitations  
Describe the shortcomings and weakness of your study most likely to impact the internal validity of your study.

## **VI.RESULTS**

In this section, you present your findings as clearly as possible. The Results section contains JUST THE FACTS: tables, figures, transcript summaries, and your description of what is noteworthy and important about these. Begin with a description of the sample. Simple demographics can be presented in tabular form. Follow with presenting your findings in terms of the research questions/hypotheses tested.

## **VII.DISCUSSION**

This section typically contains:

- an overview of significant findings
- a consideration of the findings in light of previous research
- a careful examination of findings that fail to support your hypotheses
- limitations of the study that may affect the generalizability of the results
- recommendations for further research

- implications of study for professional practice

## **VIII. REFERENCES**

You must cite all studies referred to in the proposal, using the AMA citation method.

## **CASE REPORTS**

Submitting write-ups of Case Reports for national and regional meetings, and for the Resident Research Day is encouraged and supported by the Department.

## Research Rotation

Name: \_\_\_\_\_ Name of Evaluator: \_\_\_\_\_

Month: \_\_\_\_\_

Please rate the resident's performance in the following areas as pertains to the research month rotation.

The score should range between 1-5. Five if the resident's performance has been superior in this area, one if performance has been poor.

Organization Skills	(1) (2) (3) (4) (5)
Time Management	(1) (2) (3) (4) (5)
Professionalism	(1) (2) (3) (4) (5)
Communication Skills	(1) (2) (3) (4) (5)
Privacy Protection of Patient Information	(1) (2) (3) (4) (5)
Creativity	(1) (2) (3) (4) (5)
Met Goals and Objectives	(1) (2) (3) (4) (5)
Overall Resident Performance	(1) (2) (3) (4) (5)

Additional  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluators Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Rheumatology**

### **Educational Purpose**

A significant proportion (10-20%) of primary care encounters involves patients presenting to their primary care provider with musculoskeletal complaints. The primary goal of the rheumatology rotation will be to become familiar with the most common causes of arthritis and the connective tissue disorders. Differentiating one disease from the other, discussion of their pathophysiological mechanism, and planning appropriate treatment strategies will be highlighted. The resident will be taught an algorithmic approach to the patient presenting with joint pain, non-articular rheumatism, back pain and/or abnormal serologic testing. Residents can spend one month in the Rheumatology Service. Seeing patients with the attending rheumatologist in their office with discussion of diagnoses and clinical management problems will be the primary method utilized. Rotations are at University Rheumatology Associates –Erlanger Hospital. Hospital consultations will also be performed by the resident when assigned to University Rheumatology Associates and presented to the attending staff.

### **Principal Teaching Methods**

The residents will see patients with the attending rheumatologist at least three half-days a week and see consultations in the hospital with the attending rheumatologist. Residents assigned to Erlanger will attend a twice-monthly rheumatology clinic at PACE (Alexian Brothers Community Services Program for All-Inclusive Care for the Elderly). Residents will review their patient evaluations, diagnostic and management recommendations with the attending rheumatologist who will critique and suggest refinements. Assigned readings are reviewed together to ensure understanding.

### **Educational Content and Disease Mix**

#### **A. General Goals:**

1. To distinguish the major rheumatic syndromes by signs, symptoms and American College of Rheumatology (ACR) criteria.
2. Training in the history and physical examination of the musculoskeletal system.
3. Understand the uses, specificity and sensitivity of the variety of serologic and diagnostic tests used in rheumatology, such as RF, ANA, ANCA, ESR, CRP, etc.

#### **B. Clinical Experiences:**

1. Learn the basics of diagnosis and treatment of a wide variety of rheumatic diseases to include metabolic bone disease, rheumatoid arthritis, osteoarthritis, crystalline-induced arthritis, connective tissue diseases, vasculitis, spondyloarthropathies, and soft-tissue rheumatism.

#### **C. Specific Goals:**

1. Discuss the differential diagnosis of polyarthritis, pauci-articular arthritis, and monoarthritis.
2. Distinguish between articular (arthritis) and non-articular (bursitis/tendonitis) pain.
3. Distinguish between inflammatory and non-inflammatory arthritis.
4. Distinguish between inflammatory (sacroiliitis/spondylitis) and non-inflammatory (DDD, mechanical) back pain.

5. Diagnosis and treatment of spondyloarthropathy.
6. Diagnosis and treatment of crystalline arthritis.
7. Diagnosis and treatment of fibromyalgia.
8. Diagnosis and treatment of septic arthritis.
9. Diagnosis and treatment of vasculitis.
10. Diagnosis and treatment of osteoporosis.
11. Diagnosis and treatment of rheumatoid arthritis.
12. Diagnosis and treatment of inflammatory muscle disease.
13. Diagnosis and treatment of connective tissue diseases, to include SLE, Sjogren's and scleroderma.
14. Differential diagnosis, evaluation and treatment of abnormal serologic testing to include abnormal/elevated ESR (erythrocyte sedimentation rate), RF (rheumatoid factor), ANA Antinuclear antibodies, ANCA (anti-neutrophil cytoplasmic antibodies), hypocomplementemia, and specific auto-antibodies such as anti-dsDNA, anti-Smith (Sm), anti-RNP, Sjogren's antibodies (SS-A and SS-B), etc.

### **Patient Characteristics and Types of Clinical Encounters**

Various musculoskeletal and rheumatological disorders are evaluated during this rotation from subtle onset to severe involvement and disability. The majority of patient encounters are outpatient through with occasional inpatient consults. Residents are supervised at all times by on-site faculty rheumatologists. The importance of occupational and physical therapists in minimizing disability from arthritis is constantly emphasized.

### **Procedures**

House staff will acquire expertise in joint aspiration and injection, soft-tissue injection (bursitis/tendonitis), and trigger point injection. Basics of synovial fluid analysis for diagnosis of inflammatory versus non-inflammatory arthritis, septic versus non-septic arthritis, and crystalline arthritis-gout versus pseudo-gout will be discussed.

### **Required Presentations**

None, however, informal presentation of subjects of special interest may be required by the attending rheumatologist.

### **Call Responsibility**

None. The attending rheumatologist may require the assigned resident to evaluate inpatient rheumatology consultations when requested.

### **Reading List**

- A. Required reading
  1. Primer of the Rheumatic Diseases, 12<sup>th</sup> Edition.
- B. Supplementary reading and references
  1. Rheumatology Secrets, 2<sup>nd</sup> Edition.
  2. Kelley's Textbook of Rheumatology, 6<sup>th</sup> Edition.
  3. ACR Slide Collection on CD-ROM consisting of over 700 slides covering most

- fields of rheumatology.
4. Relevant rheumatology journals, such as *Arthritis & Rheumatism*, *Journal of Rheumatology*, *Annals of the Rheumatic Diseases*, etc.

### **Pathological Material**

The resident is encouraged to review all biopsied materials with the pathologist. Appropriate selection of the different clinical tests available is demonstrated.

### **Evaluation Methods**

The resident will be evaluated primarily by observance of the attending rheumatologist. An end of month evaluation will be completed. Residents assigned to University Rheumatology Associates at Erlanger will complete an end-of-rotation examination in the standard MKSAP examination format. The resident will be expected to demonstrate a basic understanding of the musculoskeletal examination of patients presenting with articular disorders.

### **To complete the rheumatology rotation, the resident will be required to:**

- A. Receive satisfactory end of rotation evaluation by the supervising faculty member.
- B. Complete assigned readings.
- C. Attend all outpatient clinic activities (excluding scheduled time away, required clinics and emergencies).
- D. Complete required case report abstracts and/or posters assigned by the supervising faculty member.
- E. Demonstrate appropriate skill in performing the musculoskeletal examination of a patient presenting with articular complaints.
- F. Demonstrate understanding of proper selection of serologic studies.

Updated April 2006

**Rheumatology Rotation Check List**

1. Evaluation reviewed at mid- month and end of rotation by the supervising faculty member and resident. \_\_\_\_\_
2. Completed assigned readings. \_\_\_\_\_
3. Attended all assigned clinical activities (excluding scheduled time away, required clinics and emergencies). \_\_\_\_\_
4. Completed required case report abstracts and/or posters assigned by the supervising faculty member. \_\_\_\_\_
5. Demonstrated appropriate skill in performing the musculoskeletal examination of a patient presenting with articular complaints. \_\_\_\_\_
6. Demonstrated understanding of proper selection of serologic studies. \_\_\_\_\_
7. Completed knee arthrocenteses and other procedures. \_\_\_\_\_
8. Successful completion of morning report or noon conference presentation
9. Other \_\_\_\_\_

Intern Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Faculty \_\_\_\_\_ Date \_\_\_\_\_

All items must be completed for rotation credit and checklist returned to the Transitional Year coordinator by the month's end.

## **Surgery Rotation**

### **General Information**

Transitional year residents are offered a month rotation in surgery.

### **Goals and Objectives**

The educational objectives for the transitional year resident rotating through the department of surgery is similar to that of a PGY-1 level surgery resident – to familiarize the resident with fundamental clinical skills in pre and post operative care as well as basic surgical skills developed in the required medical/surgical skills lab course which is part of the rotation. These procedures range from tracheostomy to thoracostomy as well as an understanding of more advanced procedures.

### **Principal Teaching Methods**

Transitional year residents interact with senior residents, teaching faculty and Medical students who are rotating through the department. The Transitional year resident is assigned to a surgery service team which includes senior surgery residents and is responsible for being on call not more than every third night. The transitional year residents have very close supervision from more senior and chief residents to ensure that the goals are met. They are required to attend all rounds, lectures, and conferences scheduled by the department of surgery during their rotation. Conference attendance is maintained on a sign-in sheet and is reviewed by the transitional year program director. During the rotation on surgery service wards, the transitional year residents are responsible for taking care of patients in a direct manner, make day-to-day decisions on their management, follow-up and interpret any diagnostic tests. They will follow up patients in the outpatient clinic to maintain continuity of care. On the surgery rotations, the transitional year residents are supervised by senior level residents as well as by department of surgery faculty, all of whom are board certified.

### **Components of Physical Exam Stressed**

Complete assessment of all patients seen on service, in the outpatient setting and ER.

### **Call Responsibility:**

Not more frequent than every third night.

## **Procedures**

Similar to those available to surgery PGY-1 housestaff. Examples include insertion of nasogastric tubes and catheters, provide airway maintenance both with Oral and endotracheal tubes, manage minor lacerations and would include debridement and suture, basic cast splints, sigmoidoscopy, perform arterial and venopunctures, institute closed chest cardiopulmonary resuscitation.

## **Required Presentation**

As per faculty

## **ACGME Definition of Meaningful Patient Responsibility:**

Yes

## **Bioethical Issues**

These will be addressed by supervising faculty on a case-by-case basis.

## **Evaluation Methods**

The primary method will be direct observation of performance. Residents will be evaluated by the attending faculty and peers. Prior to the rotation, both the resident and faculty will receive a copy of the goals and objectives. The assigned faculty will be encouraged to meet with the resident in the mid-month for a mid-month evaluation. A written evaluation will be performed by the attending at the completion of the rotation. A verbal evaluation will be given by the attending during the rotation. The evaluation will be based on fulfillment of rotation requirements and observations by the attending physicians. The resident will evaluate the rotation and attending which will be kept confidential and shared with the attending faculty maintaining anonymity.

Updated April 2006

## **Surgical Critical Care Service Elective**

### **General Information**

The surgical critical care rotation is available to the transitional year residents. The surgical critical care team provides critical care for trauma, vascular, general surgery patients and occasional obstetrical patients with surgical critical care problems. The resident is exposed to a wide spectrum of surgical critical illness.

### **Objectives**

The resident will gain experience with the resuscitation of patients from blunt and penetrating trauma as well as patients with general surgical and vascular cases. Instruction in ventilator management and airway pressure release ventilation will occur daily. Residents will assist in the management of patients requiring continuous renal replacement therapy, management of sepsis, and rescue therapy for ARDS. Opportunities are available for producing case reports and research.

### **Value to the Transitional Year Resident**

Transitional Year Residents are sometimes first responders when patients present having sustained significant trauma. For the resident, added instruction in the surgical aspects of critical care will complement their medical training.

### **Principal Teaching Methods**

The resident electing this rotation will be expected to attend weekly General Surgery Grand Rounds, Chairman's Rounds, Morbidity & Mortality Conferences, and Monthly Surgical Critical Care Conference. The resident will have first responder contact, follow-up patients on the trauma surgical critical care service, and will be expected to report to that patient's bedside when called. The trauma chief resident and/or trauma fellow as well as trauma attendings will provide direct one-on-one instruction.

### **Educational Content**

Topics to be covered include:

- A. Resuscitation of patients from blunt and penetrating trauma.
- B. Management of vascular injuries.
- C. Ventilator management.
- D. Continuous renal replacement therapy.
- E. Sepsis and septic shock management.
- F. Management of ARDS.
- G. All aspects of patient resuscitation.

### **Components of the Physical Exam Stressed**

The resident on the critical care team will be expected to learn how to properly assess and stabilize a patient utilizing a focused physical exam and rapid institution of stabilizing maneuvers.

### **Procedures Taught**

- A. Ventilator management

- B. Central line placement
- C. Arterial line placement
- D. Chest tube placement

### **Required Reading**

CD-ROM provided by surgical critical care consisting of Trauma Curriculum.

### **Required Presentation**

The resident will be expected to obtain a topic for critical care conference prior to the rotation and be prepared to present this conference while on the service.

### **Call Responsibility**

Call will occur every third night in accordance and compliance with ACGME residency work hour rules adopted by the Chattanooga Unit and the Graduate Medical Education Committee. Call will be taken with the trauma surgical critical care team.

### **Bioethical Issues**

Significant opportunities occur for discussing the aggressiveness of care in various patient situations, as well as the need for skilled family communication at a time of critical illness.

### **Occupational and Environmental Issues**

The need for barrier precautions will be emphasized as surgical settings are high-risk settings for transmission of blood-borne pathogens.

### **Resident Supervision**

Residents will be supervised by the surgical critical care fellow or surgical critical care attending during normal working hours. After 5 PM, the resident will be supervised directly by the trauma chief resident or critical care attending. The critical care fellow or trauma chief resident will assign patients and caseloads depending upon the individual's experience and ability. The resident will be expected to notify the trauma chief resident immediately of any potentially life threatening condition that arises including airway problems, exsanguinations, and other causes of hemodynamic or pulmonary instability. After evaluating patients in the ICU, the resident will be expected to report to the trauma chief resident on call and review the case with him or her.

### **Requirements for Successful Rotation Completion**

- A. Completion of required reading as documented by critical care attendings or fellow.
- B. Satisfactory evaluations in the resident competencies for the rotation.
- C. Completing the required critical care conference presentation.
- D. Demonstrating satisfactory ability to rapidly evaluate and initiate stabilizing treatment for critically injured patients.

Updated April 2006

### **Surgical Critical Care Rotation Check List**

1. Evaluation reviewed at mid-month and end of rotation by the supervising faculty member and resident. \_\_\_\_\_
2. Completed assigned readings. \_\_\_\_\_
3. Attended all assigned clinical activities (excluding scheduled time away, required clinics and emergencies). \_\_\_\_\_
4. Completed required case report abstracts and/or posters assigned by the supervising faculty member. \_\_\_\_\_
5. Successful completion of required critical care conference presentation. \_\_\_\_\_
6. Demonstrating satisfactory ability to rapidly evaluate and initiate stabilizing treatment for critically injured patients. \_\_\_\_\_

Intern/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Faculty \_\_\_\_\_ Date \_\_\_\_\_

All items must be completed for rotation credit and checklist returned to the Transitional Year coordinator.